SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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British Medical Association: Annual Meeting, Edinburgh, 1927.

ANNUAL REPRESENTATIVE MEETING.

Friday, July 15th.

THE Annual Representative Meeting opened in the McEwan Hall of Edinburgh University on Friday, July 15th, 1927, at 10 a.m. Dr. H. B. BRACKENBURY (Chairman of the Representative Body) was in the chair, supported by Mr. R. G. Hogarth (President), Sir Robert Bolam (Chairman of Council), Mr. Bishop Harman (Treasurer), Dr. Alfred Cox (Medical Secretary), and Mr. Ferris-Scott (Financial Secretary), with other officials of the Association.

THE ROYAL PATRON.

As soon as the meeting was fully constituted the CHAIRMAN moved:

> That the British Medical Association, meeting in Edinburgh at the time His Majesty the King is in residence, begs to present its humble and loyal duty to the Patron of the Association and to Her Majesty the Queen.

This was carried with cheers, the representatives standing.

PRELIMINARY BUSINESS.

The returns of representatives and of acting deputy representatives were received and entered on the minutes, and some apologies for absence were read.

The standing orders as adopted at Nottingham, 1926, were readopted subject to one amendment, moved by the CHAIRMAN, relating to Standing Order 46, governing the election by the meeting of eight members of Council (as distinct from the twelve members elected by grouped representatives). He proposed that the standing order be amended to provide that only those who had for at least three years been members of the Representative Body—namely, appointed representatives, deputy representatives acting, and members of Council—should be eligible for election among the "eight" members of Council. He had consulted the Organization Committee with regard to this change, which involved a slight restriction of the field of nomination. As the matter stood at present there was perhaps too great a likelihood of somebody who had not himself done a great deal of work for the Association being nominated and getting elected more or less by accident. He now brought forward this slight restriction of the field of nomination. On the one hand, it was desired to reserve the eight seats on the Council for those who had done some conspicuous service to the Representative Body; on the other, it was quite possible that the Council might, during the year, have done something to which the Representative Body had a very strong objection, and the Representative Body might wish to mark that objection by turning out the eight elected representatives and putting in eight others. Therefore he proposed the condition that, instead of the three years' membership of the Association, the necessity of three years' membership of the Representative Body, not necessarily the three previous years, should be imposed.

The amended standing order was agreed to.

A new standing order was also agreed to whereby new members of the Representative Body would be formally introduced to their fellow members at the first meeting attended by them and invited to sign the permanent record book of representatives.

The CHAIRMAN, in moving this standing order, said it was thought that there should be a permanent record of those who had been members of the Council or representatives. Two

books had been prepared, and it was desired that every member of the Representative Body should sign and new members add their signatures from year to year, and be presented by the Chairman to the Representative Meeting.

It was further agreed that the section of the agenda concerning the building extensions at the London headquarters should be considered as first business after lunch, the representatives to meet for that purpose in the Anatomical Theatre in order that a demonstration of the proposed extensions might be given. The section under "Overseas Branches," it was also agreed, should be taken as the first business on Monday afternoon, the remainder of the agenda to be taken in the order in which it was printed.

It was also agreed that the engagement by representatives of seats for the meeting previous to its commencement should be limited to a seat for the representative himself and for the other representatives, if any, of his constituency, this to be operative at the present Representative Meeting.

CIVIC WELCOME.

At this stage in the proceedings a civic welcome to Edinburgh was given by the Right Hon. the Lord Provost (Mr. Alexander Stevenson), who was accompanied by the Town Clerk (Mr. Andrew Grierson), and the City Chamberlain (Mr. Robert Raton), and by Sir Robert Philip, President-Elect of the Association.

The CHAIRMAN, on behalf of the Representative Meeting, expressed great pleasure at the visit of the Lord Provost.

The LORD PROVOST said: Mr. Chairman, ladies, and gentlemen, on behalf of the corporation and citizens of Edinburgh I desire to accord to you all a very hearty welcome to our city. I may add that I sincerely appreciate the privilege of greeting the members of this distinguished Association. I understand that on three previous occasions you have met in Edinburgh, namely, in 1858, in 1875, and in 1898. After a period of twenty-nine years we are delighted to welcome you back again, not only because you belong to a profession associated with the preservation of the health and well-being of the nation, but because we in Edinburgh have a special regard for, and pride in, the medical school of our city, whose sons have borne the torch of learning to all parts of the world and whose teachers have, by their skill and knowledge, won for themselves the highest places in the ranks of your profession. The meeting has a special significance from the fact that it coincides with the centenary of the birth of Lord Lister, whose epoch-making work was largely accomplished in our city, and to whose genius the world owes so much. In conclusion I would only say that I trust that your meeting will be as successful as former meetings, and that your deliberations will be distinguished by the same breadth of vision and of wisdom as that for which they have been noted in the past.

The CHAIRMAN, on behalf of the members of the meeting, assured the Lord Provost of their gratitude to him for his kindly words of welcome. His lordship had reminded them of the historic importance and value and influence of the Medical Faculty of the University. They were universally recognized throughout the profession. If it was true that no assembly could altogether escape the subtle influences of its environment, the deliberations of the members would be characterized not only by that breadth of vision and wisdom to which his lordship had made reference, but by all the dignity and the learning and the substantial solidity which Edinburgh exemplified.

The LORD PROVOST briefly acknowledged the remarks of the Chairman, and then withdrew.

ANNUAL REPORT OF COUNCIL.

The Presidency.

The Annual and Supplementary Reports of Council having been received, the CHAIRMAN OF COUNCIL moved, and it was unanimously agreed, with applause, that Sir Ewen Maclean, M.D., F.R.C.P., F.R.S.Ed., be elected President of the Association, 1928-29.

Sir EWEN MACLEAN, who was cordially received, expressed his grateful thanks to the Council for their nomination. It was a great honour to be made President-Elect. He rather prided himself upon the fact that it was the first time a previous Chairman of the Representative Body had been accorded this high honour. Perhaps it was appropriate that this should happen in the case of a representative from Wales, because the Representative Body was born in Wales. It came to light in the Principality in 1903 at the Swansea meeting. (Applause.)

It was also agreed unanimously that Dr. F. G. Thomson, Past President, be elected a Vice-President of the Association in recognition of his presidential services in 1925-26. Dr. THOMSON, who was received with applause, briefly expressed his appreciation of the honour done him.

Annual Meetings, 1929 and 1930.

The recommendation of Council that the Annual Meeting in 1929 be held in Manchester was agreed to.

The further recommendation of Council that the Annual Meeting for 1930 be held in Winnipeg, Canada, was next moved. Sir ROBERT BOLAM explained that the reason for this unusual motion before its time was that if they went to Canada in 1930 the arrangements would take considerably longer to carry through than those for a meeting in Great Britain. Therefore the Representative Body was asked to implement this resolution at an earlier date than usual.

The recommendation was agreed to.

The Jenner Museum.

On the remainder of the Annual and Supplementary Reports under "Preliminary," Sir ROBERT BOLAM said that the Council had been reluctantly compelled to refuse the kind offer of Lord Berkeley in regard to the proposition to set up a Jenner museum in the house at Berkeley; but members of the Association in that area, and in particular a member of the Council who held high civic rank in the locality, were taking steps to see if the local profession could not manage what as a Council they had not felt it advisable to undertake. He believed that something might yet be done.

Locum Bureaux.

Sir ROBERT BOLAM went on to speak of what had been done in the matter of locum bureaux. The Council had not been able to do exactly what the Representative Body had instructed in 1925. It seemed to the Council that the question of dealing with locumtenents was only a very small part of the service which practitioners required in this direction, and the least remunerative, and, consequently, for Headquarters, the most expensive to establish. The remunerative portion of medical agency work came in with regard to transfer and partnerships. There were certain difficulties in the way of the Association *qua* Association trading, and it seemed best to the Council that they should seek out one of the reputable agencies and see if they could not, by obtaining an interest therein, exercise an influence on policy which would mean that the agency work would be conducted on lines approved by the profession generally and as a business transaction. They were able to acquire on favourable terms a holding in one of the best known agencies, and one having a very high reputation for integrity and business-like dealing—the Scholastic, Clerical, and Medical Association, Ltd.—and that body had arranged that one-half of the directorate should be nominated by the British Medical Association. The members who had been placed on the directorate in consequence of this arrangement were the Treasurer (Mr. Bishop Harman), the Chairman of the Organization Committee (Dr. Morton Mackenzie), Sir Humphry Rolleston, a very old and valued friend of the Association, and himself (Sir Robert Bolam). The negotiations having only just been completed, they had not yet been able to explore the possibilities of associating the bureaux in various parts of the country for local purposes. Preliminary investigations had been made, particularly in the North, and he hoped that by the next Representative Meeting they would have done all that the Representative Body asked them to do. By resolution the Council had permitted the Scholastic, Clerical, and Medical Association to use the name "British Medical Association Bureau" during the time of such association, and henceforth it would be known by that name. As in the past, the Agency would be conducted on business lines, give good services, and expect the usual return. The Association held a very large block of shares and would participate in dividends. There were difficulties in accomplishing the work in any other way.

Dr. R. FORBES (Gateshead) had a motion on the agenda declaring that the Council had exceeded its instructions with regard to the formation of bureaux for the provision of locumtenents and assistants under the auspices of the Association; these instructions were in the form of resolutions of the Annual Representative Meeting, 1925. He said those instructions specifically directed the Council to set up an organization that would be within and under the control of the British Medical Association. Action had been taken and arrangements forwarded about which the Representative Body had not given to the Council specific instructions. Gateshead recognized the insuperable difficulties, and that the Council had done in the circumstances the only effective thing possible, but there was an underlying basic principle or policy involved that was dear to the Representative Body. The Council was composed of the Association's intelligentsia and very seldom erred, but the Representative Body ought to have had a further "say" in the matter. Before the Association launched out into competitive business, before choosing the particular body with which they allied themselves, and before they gave to it the name of the British Medical Association and purchased shares, the Representative Body should have been consulted and had a voice in so grave and important a matter.

The CHAIRMAN OF COUNCIL said the amendment was something that all members of the Council would deplore more than anything else—a vote of censure by the parliament of the Association. Dr. Forbes had acknowledged that the instructions of the Association could not have been fulfilled in any other way in the circumstances, and therefore he felt the Council was in great degree exonerated. Interim work, particularly finance, was committed to the Council during the year, and the elected members of the Finance Committee were the watchdogs of the Representative Body. Such transactions as had just been completed could not be canvassed in broad daylight or wait for the Representative Meeting, nor were they of such magnitude as to demand a Special Representative Meeting. Having explained the circumstances, and Gateshead having registered their protest as good constitutionalists, he hoped the amendment would not be passed.

Dr. PETER MACDONALD asked Gateshead to withdraw the amendment.

Dr. FORBES asked leave to withdraw his amendment, and this was done.

The Solicitor to the Association.

Sir ROBERT BOLAM moved as a recommendation of Council that Mr. W. E. Hempson, in recognition of his faithful and devoted service as Solicitor to the Association for twenty-seven years, be elected an honorary member of the Association. It gave him much pleasure, he said, to ask members to voice their recognition of one who for long years had been of great value to the Association in his professional capacity and a friend at the Annual Meetings. (Applause.) They would all echo the wish that Mr. Hempson's striking figure would be seen at meetings for many years, and that his complexion would never grow less tanned or his voice less jovial. (Applause.)

The CHAIRMAN said that he was very glad indeed to associate himself with what the Chairman of Council had said, and he was sure that he was speaking on behalf of the whole of the Representative Body in saying that they agreed very emphatically with it.

The motion was carried with much enthusiasm, the members rising.

Mr. HEMPSON said that every opinion he had given to the Association during the time that it had been his privilege to act for it had been a considered one. It was so in the present case. There was a fitness of time for all things, and there was a time of fitness for everyone. The latter must be anticipated; the former must be acted upon. He had now officially been the Solicitor of the Association for twenty-seven years. It was his privilege to act for it informally, but at the same time professionally, for three years before that. He had therefore completed thirty years' service in the Association. That fact led him to the conclusion that a man was wise to go while he was still wanted and not to reach the time when his departure was desired. This induced the decision which he had conveyed to the Chairman of Council—namely, that on receiving notice of his reappointment this year he should not ask for his reappointment to be considered next year. He therefore was in the anomalous position that until April of next year he would be a member of the Association and at the same time its Solicitor, a dual position which, he thought, no man in his profession had been privileged to enjoy. The Representative Body was partly his creation. He was brought in to represent the Association when the Reconstitution Committee was sitting. There were two names in that connexion that were indelibly fixed on his mind. One was that of Edmund Owen, and the other was that of Sir Victor Horsley. He acknowledged that the Association had done him a high honour, not only by word but by deed. It was, perhaps, the highest honour that could be conferred upon him, because not only was it conferred upon the recommendation of the Council, but it came from the whole body of members in confirmation of that recommendation, and as voicing the opinions, the views, and the wishes of the British Medical Association throughout the world. (Applause.) Mr. Hempson was too much affected to conclude what he had intended to say.

ASSOCIATION FINANCE.

Mr. BISHOP HARMAN (Treasurer) moved, on behalf of the Council, approval of the portion of the Annual Report under "Finance." He said he was pleased to be able to present an exceptionally good balance sheet. The expenditure had been heavy, but the receipts had been heavy also, which was due to the large increase of the membership last year. That explained an apparent mistake which had been made in the preceding year. A surplus of £4,000 had then been budgeted for. The actual surplus was £8,000. That surplus had been utilized in a fashion which would be seen indicated in the balance sheet. Under "Reserve Fund" it would be seen that there was carried forward "Investments" of £23,000, and there had been added to that in the year 1926 £6,000. Of that amount some £3,600 was replacement of investments realized in the preceding year for the payment of the new premises, and a sum had been added, making £6,000, which was the restoration of, and increase of, the reserve fund. In addition, a sinking fund had been formed for the redemption of the leasehold premises. The new House stood as the Association's property for 200 years, at the end of which time the Association's rights and privileges in it would cease. It was therefore right that the Association should look forward to that time, so that succeeding generations should not be put into a worse position than the present, when it had inherited the vineyard which had been handed over to it. A sum of £1,000 had therefore been allocated for the formation of a sinking fund, which sum would be added to year by year, so that at a certain date the value of the premises would be restored to the Association in cash.

Referring to the list of investments (the Treasurer continued) the first of those was a new investment, a sum of £5,220, which was the purchase price of the shares in the Medical Agency. The actual sum paid was £4,050. The balance was shown on the liability side of £1,170, which would be paid at some future date when the present holder of those shares desired that they should be sold to the Association actually. The Association held the transfer, but had not paid for the shares. The Association was in possession of all the rights which appertained to those shares, with the exception of having paid for them, and of the dividend which accrued.

Dealing with Abstract "B," the members would notice that the item "charges on bank loan," which in 1925 was £2,780, had been reduced in 1926 to £657, and at the present time he was pleased to announce that there was no bank loan at all; in fact, there was a small deposit.

After briefly reviewing the items contained in Abstracts "C" and "D," and turning to Abstract "G," the Treasurer said that last year had been a year of great financial difficulty in all matters of finance and of trading owing to the disturbances caused by the general strike; but despite that formidable attack upon the maintenance of the JOURNAL (which for the first time in its existence had had to suspend publication), there had been a bumper

year in all items except one: sundry sales of the JOURNAL had declined by £500. Actually that was a favourable sign, because the greater the increase in the membership of the Association the smaller must be the number of non-members desiring to purchase the JOURNAL.

Referring to the deficits mentioned in Abstracts "H" and "I," he pointed out that the expenditure in connexion with those periodicals—*Archives of Disease in Childhood* and *Journal of Neurology and Psychopathology*—was, in a way, expenditure on scientific work, and therefore would never bring in any revenue. It was not anticipated that it should. If it did, it would immediately be expended on improving the quality of these journals. With regard to the Office Staff Superannuation Fund, the balance sheet showed that the total sum now invested in this fund was £16,830, but he was pleased to say that on December 31st the value of the investments stood at £17,622.

That, said the Treasurer in conclusion, completed the account of his stewardship during last year. There were points to which the attention of the members should be directed, such as the budget for the present year. They would see a statement of the estimated receipts, which it was expected would be slightly in excess of those of last year, and the estimated expenditure, which would be about the same as last year. A surplus was estimated for of £2,280, and if again a large increase in membership was experienced that surplus would be greater.

Dr. F. C. MARTLEY (Kensington), after congratulating the Treasurer on the very excellent return he had submitted, said no reference had been made to the Exhibition Fund of the Association. The Association ran an exhibition at the Annual Meetings, which must cost money, and in connexion with which there must either be a favourable or an unfavourable balance resulting. He had made inquiries in various quarters and had found that on some occasions there had been a deficit and on other occasions a surplus. He thought it desirable that information should be given with regard to the point.

Mr. BISHOP HARMAN, in reply, said that the Annual Exhibition sprang up as a local effort, and although now managed from the head office, technically it did not count as Association work. The exhibition accounts had never been amalgamated with the general finances of the Association. The exhibition was an expensive business, and the Financial Secretary spent a great deal of time and went to considerable trouble in securing a really first-class exhibition, for it was an integral part of the Annual Meeting. The accounts were audited every year, and a statement of the balance was laid before the Finance Committee; but the accounts were not incorporated in the general accounts.

The Annual Report under "Finance" was approved.

ORGANIZATION.

Formation of Groups in the Association.

Dr. MORTON MACKENZIE (Chairman of Organization Committee) moved as a recommendation of Council the approval of the scheme for the formation of groups in the Association, as set out in Appendix III to Annual Report (SUPPLEMENT, April 23rd, p. 158), and an instruction to the Council to prepare the necessary amendments to the Articles and By-laws for submission to the next Annual Representative Meeting, immediate provisional effect to be given to the scheme if need arose. He said that while they might be justly proud of the system of organization in the British Medical Association, and believed that it was probably the best model for an organization of its kind, they were only too glad to make it better if they could find a way. In this system of groups they thought they had found a way. The constitution of the Association was founded on a large number of local bodies of practitioners, each of which sent one of its members up to the Representative Meeting with resolutions and instructions. The Council, which was also largely elected territorially, was charged with carrying out the policy and decisions of the Representative Body, and reported to the Representative Body each year on what it had done or proposed to do. This system had worked quite well in the past, but with increasing membership and the inclusion of a larger percentage of men engaged in various types of medicine, small groups of members occupied in the whole- or part-time practice of some special branch had fancied or had actually found that they could not make their voices heard under the present constitution. Sometimes in the past this had been met by special arrangements, originally with regard to the Services, and recently with regard to the medical officers of health. These special arrangements, however, took some time to organize and to go through the necessary legal procedure. The delay had led to these special members forming organizations of their own, outside the British Medical Association. It was desired now to provide some machinery whereby isolated members in certain classes might feel that they had some means of expressing their views without forming an outside association. The urgency of this question had been demonstrated during the last few months by the pathologists and spa practitioners respectively forming bodies of their own. Dr. Mackenzie then went in detail through the scheme for group formation as explained in Appendix III of the Annual Report. The cardinal point of the scheme was that these groups should not be formed unless it was proved that the ordinary machinery of the Association could not be used. It was discussed in the Council whether the petitioners must be required to reach a certain number, but it was eventually decided that the proper criterion was, not the number of members who wished to form a group, but whether they could or could not make their voice heard through the routine organization. It was desired that these men should feel themselves to be a definite part of the Association, and therefore they should have the annual meeting of their group at the same time as the Annual Meeting of the Association. It was proposed to attach each group to its appropriate Standing Committee; the majority of them would probably come under the Medico-Political Committee. He believed that the scheme would work out to the advantage of the Association. Any threat of interference with the existing constitution had been carefully watched and admirably guarded against.

Dr. C. H. MILBURN (Harrogate) moved to substitute for paragraph 4 of the scheme, which provided that a list of those qualified to be members of a group should be made in the central office, a provision that, subject to the approval of the Council, the executive committee of the group should define the qualification for membership. He said that it was felt that the executive committee of every group would be in a better position to realize what should be the qualification of membership than could any committee of the Association. No two groups were alike. There was a very large number of different branches of the profession, all having different qualifications.

Dr. MORTON MACKENZIE said Dr. Milburn had not met the difficulty he had mentioned. There must be a list of the group before an executive committee could be formed. The office must make the first list, and would afterwards take the definition of the group committee, subject to the approval of the Council.

Dr. MILBURN was willing to modify his amendment so that it became a reference to the Council for consideration, and Dr. Mackenzie accepted it in this form, the meeting agreeing.

Dr. MILBURN also desired to amend paragraph 5 of the scheme, which provides that the annual meeting of the group shall be held at the time and place of the Annual Meeting of the Association; he wanted to insert the words "or, if found inconvenient, at such other time as the executive committee of the group may think desirable." He said that at the time of year when the Annual Meeting of the Association was being held the spa practitioners were at their busiest. They suggested they should, if possible, be allowed to hold their annual meeting at the same time as the Balneological Section of the Royal Society of Medicine or the International Society of Medical Hydrology. These societies met in October, November, January, and March in London. Provincial meetings were held in April or May. What he had said applied to Buxton and York, and in a less degree to Bath. The Council would always have the power of veto.

Dr. MACKENZIE agreed to the insertion of the words proposed, with the addition of "with the approval of the Council," and the meeting concurred.

Dr. MIDDLETON MARTIN (Gloucestershire) opposed the formation of groups within the Association. There were disadvantages in distinguishing the branches of the profession to which members of the British Medical Association belonged. There were representative bodies for the different branches, and there were not sufficient grounds for the formation of groups. The Chairman of the Organization Committee gave the impression that applications for the formation of groups would be so numerous that they would have to be referred to the Council, not to the Representative Body. If that were so, the proposal would seem to be more unfortunate than was thought. The question of forming groups should have been left to the Representative Body. (Applause.)

Dr. R. G. GORDON (Bath) said he was asked by the Spa Practitioners' Association to support the motion of the Chairman of the Organization Committee. When it was first suggested to form a Spa Practitioners' Association it was thought by many that the work of looking after their interests, in view of the proposed extension of insurance benefits to cover rheumatic diseases and their treatment in the spas, could be done by the British Medical Association, but it was found that the only spas directly represented in the Representative Body as Divisions were Bath and Harrogate, and they were by no means the only spas involved. Members practising in many of the smaller spas formed so small a minority that they could hardly hope to make their views heard even in their local Divisions, or to have their case taken up at the Representative Meeting. Still, many of them felt the proposal should not be proceeded with unless it was somehow under the aegis of the British Medical Association; they felt that the Association was the right body to deal with any possible medico-political contingencies that might arise. It was only after the officials of the Spa Federation approached the British Medical Association and had an interview with Sir Robert Bolam and Dr. Cox—who assured them that the Association was agreeable to the formation of a Spa Practitioners' Association and hoped eventually to bring it under its wing—that they agreed to its formation. It was impossible for them to get their views heard through the ordinary machinery of the British Medical Association, and he therefore suggested that the formation of groups for special purposes should be considered favourably. It rested with the Council to determine what the special purposes were; they might be permanent or temporary, but it was very desirable the Association should keep within its own hands all medico-political questions that were exercising the profession.

Mr. BISHOP HARMAN, speaking, not as an officer of the Association, but as a member of a group, supported the motion. Three or four years ago it was found to be exceedingly difficult to collect the views of ophthalmic surgeons on certain matters, and one or two active members in the Metropolitan Counties area asked him how they could collect their views and express them through the Association. An effort to get together a small committee in the Branch not succeeding, some young ophthalmic surgeons banded themselves together and made an association outside the British Medical Association, to bring pressure to bear upon the authorities upon a medico-political affair which the Association should be foremost in advancing. That was what happened when existing arrangements were not sufficiently elastic to meet the group needs of the time. Therefore he whole-heartedly commended the proposal before the meeting. Although not a pathologist, he had considerable connexion with pathologists, and heard from them of the difficulties they met with as ophthalmic surgeons. If the rules and arrangements of the British Medical Association were expanded in the way proposed they would be able to meet difficulties as they arose, and it would not in any way interfere with their general organization.

Dr. DAVID CLOW (Gloucestershire) said that although his Branch had instructed him to vote against the resolution, he felt there ought to be some sort of liaison between the Association and the new medical bodies that were coming into existence. At all costs the essential unity of the Association should be preserved. It would be rather unfortunate if the new scheme were successful and a large number of groups were formed within the Association, because the various questions that arose should be looked at from the broadest point of view. The new bodies that were coming into existence were not formed for scientific purposes but for medico-political purposes, and a small group of that kind would not be of much use without the support of the Association. The experience of the Medical Officers of Health Association brought out very clearly that in any difficulties they had they looked to, and depended upon, the support of the Association. He did not think it was desirable actually to form groups or to lay down the machinery by which they could be brought into existence. Another objection was that it might lead to a considerable addition to the Association's expenses.

The CHAIRMAN OF COUNCIL said that his name had been imported into the matter quite in error as agreeing to the formation of a Spa Practitioners' Association. The Treasurer had suggested that a large body of men like ophthalmic surgeons would be eligible, under such a mechanism, to form a special group. If members would look at Appendix III, Paragraph 2, they would see that it was not suggested that large bodies were the people for whom the mechanism was specially designed. The Council believed that the scheme would meet the needs of people who were scattered and few in number and perhaps only to be found in certain areas. He had a great deal of sympathy with the Gloucestershire resolution. All sections of the profession should take a hand in the Divisional meetings and should not feel that their particular needs were met quite adequately in some special group meetings. He quite saw that there was need in some few cases for the mechanism suggested.

Dr. MORTON MACKENZIE said that he was convinced that there was need for some organization of the kind to meet special circumstances which did not arise very often, but arose urgently when they did arise.

Dr. MIDDLETON MARTIN moved as an amendment that the matter be referred back to the Council.

The amendment was negatived.

The motion was then carried, with the proviso that the amendments which had been proposed on behalf of the Harrogate Branch should be taken into consideration by the Council.

Other Organization Matters.

Dr. MORTON MACKENZIE moved that the remainder of the Annual Report of Council under "Organization" be approved. In doing so, he said that he was happy to state that the total membership had increased by the splendid figure of 1,800 in the past year. During the last four years it had increased by over 8,000, or more than 30 per cent. Of the 1,800 new members it was interesting to see that no fewer than 700 came from overseas. The actual number of new members elected was 2,800. Of the 1,100 who had been in arrears, no fewer than 814, or 73 per cent., had been coaxed by the excellent finance department into paying their arrears. There was gratifying evidence of great activity in the Divisions and the Branches, more particularly on the scientific side. With regard to last year's resolution, which was proposed by the Brighton Division, as to the holding locally of conferences with allied societies, the Council was quite sympathetic to the proposal; but it felt that it would be better to consider each suggestion on its merits rather than draft a general scheme for such conferences. Small conferences might dissipate the energies of the Association, and also its finances, and might take away some of the splendour of the great Annual Meeting. If an allied society happened to be holding a meeting in a town, a town perhaps not quite so large as the towns in which the Annual Meetings of the Association were held, the Council thought that there would be every advantage in the local Branch or Division co-operating as far as its ordinary funds allowed, and in very special circumstances the Council would be prepared to consider an application for a supplementary grant.

He had a very satisfactory report to make with regard to the overseas Branches. South Africa's new constitution appeared to be working well. The organization had been incorporated under South African law. The Federal Council had applied itself with great energy to the amalgamation of the medical journals in South Africa and to the provision of an Organizing Secretary. The financial help of the Association in London had enabled it to carry out both those objects. He was sure that members in this country could congratulate their South African colleagues on their progress, and especially on the fact that they had found that all they wanted could be achieved as part of the great medical association of the Empire as a whole. Australia went its very efficient way with a very good figure of membership. Queensland had incorporated itself. The Association in this country kept closely in touch with all the overseas Branches. There were now fifty such Branches.

As to the central activities of the Organization Committee, the great event centrally had been the lecture which Sir Berkeley Moynihan gave last autumn on "Cancer and how to fight it." Experience had shown that such a lecture given by a first-class lecturer in the Association's own Hall, with a kind press, was a very great factor in convincing the public that the Association had the common health at heart, and it could not fail to do the Association great good. The ordinary activities of the Association had been carried on as usual. New Divisions had been formed wherever the need had arisen. Very excellent recruiting work had been done among the newly qualified men. He would like to mention specially Dr. Farquhar Murray of Newcastle, Dr. Matthews of Liverpool, Dr. Barnes of Sheffield, and Dr. Storey of Belfast. Glasgow had done exceptionally good work. He had watched its recruiting figures with great interest. They had frequently been over 90 per cent., and even 95 per cent. At the May qualification in Glasgow 100 per cent. of the men who qualified joined the Association. (Applause.) In that connexion he would like to mention the work of Dr. G. A. Allan and Dr. J. G. McCutcheon. Lastly, the *Handbook for Recently Qualified Medical Practitioners* had been of increasing use. It was most valuable as showing the pitfalls to be avoided and the lines to be adopted.

Dr. F. C. MARTLEY congratulated Dr. Morton Mackenzie on the numerous good points in his speech, but wished to draw attention to some unfortunate things that had occurred. He referred to the membership figures. Dr. Mackenzie had rightly emphasized the fact that the membership was increasing, but he had not emphasized that the resignations also had increased. Some unfortunate cases of resignation had come before his (the speaker's) notice. One case was that of a gentleman who was lecturer on bacteriology in the provinces. For three years he had paid to the Association a subscription of two guineas. Last year he came to London on a whole-time research job. He had been informed that he was not eligible at the two guineas rate. He naturally protested. His claim was, "I am a whole-time research worker," and he was told, "No, you are not." No inquiries had been made of him personally. Another case, a similar one, had come to his (Dr. Martley's) notice. There were other men who were doing whole-time research work who had received notice that they must pay three guineas. They were not going to pay it, and they were simply going out. It seemed to him that the Organization Committee was going outside its powers when there was in existence a definite by-law which laid it down that whole-time research workers could be members for a subscription of two guineas.

Dr. MORTON MACKENZIE said that as Dr. Martley had not given the names of the gentlemen concerned he could not make a specific answer to those cases; but the procedure was that all such cases came before the Organization Committee, which then deputed him to deal with them, and afterwards to report back what action he had taken. The Organization Committee then approved or disapproved of his action. They were most difficult cases to deal with. The by-law itself was not very clear, but the way in which he had interpreted it (and the way in which he thought the Organization Committee would wish him to interpret it) had been that if a man was, as his life's work, engaged in research work he should pay the smaller subscription, but that if a man—and there were many such men—was merely taking up a whole-time research job as part of his training and not as a life-work, he was not entitled to the reduced subscription. He agreed that the whole question was in a most unsatisfactory position—so unsatisfactory that the Organization Committee was seriously considering whether the by-law should not be abolished altogether, as it was giving so much trouble and causing so much ill feeling among members. The number of resignations was increasing, but not as rapidly as the number of new members. With an increased membership a slightly increased number of resignations must be expected. The resignations remained proportionately about the same each year. The reasons given for resignations were very often self-contradictory. One man writes resigning because he says the Association is doing too much for insurance practitioners; another man resigns because the Association is not doing enough for insurance practitioners and devotes the whole of its energies to non-insurance practitioners. Many of the reasons given for resignations were not in accordance with the facts, and were unfounded. On the whole the number of resignations received did not disturb him.

The motion was adopted.

Dr. MORTON MACKENZIE then moved that the Supplementary Report of the Council under "Organization" be approved. It contained, he said, the names of the retiring secretaries, to whom the Association was extremely grateful. In making his remarks about the work in the Divisions, he had omitted to say how much the Council and the Organization Committee felt gratitude to those officers of the Divisions who carried out the work at the periphery. A great deal of the Association's success depended on the Division secretaries, Division chairmen, and Branch secretaries and Branch chairmen, and he wished to express the Association's gratitude to them for their work.

The report also contained a list of the Divisions which had not yet passed the organization rules. He made a very special and earnest appeal to those Divisions, especially as they were so few in number, to pass the rules at the earliest possible moment.

The motion to adopt the Supplementary Report under this heading was carried.

Dr. J. B. MILLER (Lanarkshire) moved to instruct the Council to take steps to secure that members attending meetings of Council and central committees were paid reasonable out-of-pocket expenses in addition to railway fares. He said his Division clearly recognized that there had been no difficulty in the past in obtaining the services of members of the very best type both on the Council and on the central committees, nor did they anticipate that there was likely to be any difficulty in the future; but it was clear that a member who had to proceed to headquarters and to leave his practice several times a year suffered to a certain extent pecuniarily, the loss possibly being in inverse proportion to the standard of medical ethics prevailing in the district in which he practised. (Laughter.) There were, of course, compensations; the provincial enjoyed a visit to London; he forgathered with professional friends from all over the country; he saw new faces; he might possibly even meet with new ideas — (laughter) — and he returned home refreshed and stimulated mentally, if somewhat jaded bodily. The necessary outlay, however, was considerable. It was not proposed to return all expenses; those naturally varied with the ideas of the representative himself. His Division suggested as a basis a scale somewhat on the same lines as the costs allowed to civil servants: the amount varied with the number of hours of business, which seemed to be quite a sound basis for a scale of expenses. No new principle seemed to be involved in the matter. At present what were termed "light refreshments" were allowed at meetings of the Association. If tea be allowed at an afternoon meeting, why not lunch for a whole day's meeting, and why not bed and breakfast for a meeting involving absence from home for the night? After quoting anomalies of the present system of payment of expenses, Dr. Miller argued that the

additional cost involved would not be very great. In any case, his Division felt that the time had now come when the services of those members who so ungrudgingly gave their time to the general body of the Association in attending to committee work at headquarters ought to be recognized at least to the small extent of returning to them their out-of pocket expenses.

Dr. PETER MACDONALD (York) supported the motion; he thought it should not be mandatory on the Council, but rather referred to them for favourable consideration. He believed the time had come for the Council to consider the matter very earnestly. He agreed that probably the Association had not suffered much up to the present—in fact, the Association's work was being extraordinarily well done; but at the moment the Association was restricted in its choice of the people who were going to do its work by the very worst form of restriction possible—namely, the pockets of the people who were chosen, or who were willing to do it. He thought the extra cost would be more than the sum mentioned by Dr. Miller, but there was no need for alarm in that respect; in any case the efficiency of the work of the Association was much more important than the added cost.

Dr. MILLER accepted the suggestion that the matter should be referred to the Council for their consideration.

The CHAIRMAN said the motion now took the form: "That the Council be instructed to consider the taking of such steps as are necessary to secure that members attending meetings of Council," etc.

The TREASURER pointed out that the draftsman of the motion seemed to have forgotten the chief organ of the Association—namely, the Representative Meeting. If the difficulties and hardships of members of Council and of the central committees were considered, why should not the equal difficulties and hardships of the representatives attending the Representative Meeting also be considered? The motion could not be left as it was. In all fairness the words "and Representative Meetings" must be added, and when the matter was looked at from that point of view the cost to the Association would be very serious indeed. The cost of travelling and all legitimate expenses at present came to £5,000 or £6,000 a year. If the proposed additional expenses were added, it would not mean a 20 per cent. addition, but more probably a 100 per cent. addition. The finances of the Association could not bear that cost. It would mean crippling the work of the Association, and doing away with the opportunities of members of working for the good of the profession. The difficulties of the situation had been met in the past by local effort, and it was far better that they should continue to be so met than that the funds of the Association should be saddled with a cost which must be applied equally to all, whether they could afford it or not. The Treasurer added, however, that he had not the slightest objection to the motion going before the Council and being examined, as similar motions had been before the Council about six times during the last fifteen years, though he thought the result would be the same as before.

Dr. J. B. MILLER, in reply, said that there was no comparison between a Representative Meeting attended under the happiest conditions of season and surroundings, and a central committee meeting attended, perhaps in a November fog, in London.

The motion, as a reference to the Council, was carried, and the meeting adjourned for lunch.

THE ASSOCIATION BUILDING.

The building extensions at headquarters in Tavistock Square were considered as the first business after lunch, the Representatives meeting for this purpose in the Anatomical Theatre, where the proposed extensions could conveniently be demonstrated.

Sir ROBERT BOLAM (Chairman of the Building Committee) made a long statement on the position with regard to the building, and his remarks were illustrated by lantern slides of photographs and plans of the present and proposed buildings. He also made a private statement with regard to the financial considerations attending the scheme. At the close he was accorded an ovation by the meeting.

Those who spoke in warm support of the scheme were Dr. J. A. Macdonald, Dr. W. Douglas, Dr. C. H. Milburn, Mr. Bishop Harman, Dr. H. R. Frederick, Dr. Milner Moore, Dr. J. D'Ewart, Sir Ewen Maclean, Dr. Christine Murrell (speaking for "women, who as a rule are more cautious financially"), Mr. W. E. Hempson (the new honorary member), and the Chairman (Dr. Brackenbury). In response to an invitation by the Chairman to express any doubts or hesitations, Dr. Middleton Martin and Dr. David Lawson asked some questions, which were answered by Sir Robert Bolam.

At the close the motion that the report of Council under "Building" be approved was carried, certainly without dissent, and apparently unanimously, with loud acclamation.

"BRITISH MEDICAL JOURNAL."

When the Representative Body resumed its public session,

Dr. J. A. MACDONALD (Chairman of the Journal Committee) moved approval of the Report of the Council under "BRITISH MEDICAL JOURNAL." He said the JOURNAL was maintaining and strengthening its pre-eminent position as the first journal connected with the profession. The literary portion of the JOURNAL maintained its high standard; the articles, the special communications from distinguished men, the epitome of foreign medical literature, etc., were quite as good as, and possibly better than, ever. The Association was to be congratulated on having an editorial staff that showed such taste and discrimination and journalistic *flair* for what was best for such a publication. In the matter of advertisements it continued to progress in the most extraordinary manner. In 1914 the income from advertisements was only about half what it was now, though the number of pages of advertisements then was much greater than now. This was largely due to the way in which the business had been handled by Mr. Ferris-Scott. The question of advertisements was one of the most difficult with which the Journal Committee had to do. They sought to allow nothing to appear in the advertisement pages that was incompatible with the position held by the JOURNAL in the medical world. They did not guarantee that the matters and preparations advertised in the JOURNAL could be absolutely relied on for all that was said of them, but through a process of careful sifting they allowed very few things to appear in the advertisement pages of the JOURNAL for which they could not stand. The greatest care was exercised at every stage, and he did not think more could be done to keep the advertisement pages free from anything objectionable. From advertisements the revenue in 1926 was £46,000. It would be seen how great an asset that was to the income of the Association.

Dr. I. A. PARRY (Brighton) moved:

> That, whilst recognizing the responsibility for all that appears in the BRITISH MEDICAL JOURNAL and its SUPPLEMENT as defined in Article 38 of the Association, the Representative Body is of opinion that these periodicals should be open to communications from any members commenting, favourably or otherwise, either on the policy of the Association in regard to the medical and allied sciences or on a communication inserted by a department of the Association.

Dr. Parry emphasized that this was not a personal matter, but one of principle. The resolution had the unanimous support of the Brighton Division. The admiration he had for the JOURNAL's editorial staff and committee was lost when he regarded them in their corporate capacity. In the JOURNAL of February 26th appeared a leading article, two leaderettes, and two reports of meetings on a certain subject. He wrote to the Editor differing from the opinions expressed in those five articles. His letter was refused publication on the one ground that he held different views from those of one committee. He asked the Editor to submit the matter to the Journal Committee, and he asked the committee a specific question. They supported the Editor, and did not reply to his question whether it was a principle or practice of the Association to refuse to allow both sides of controversial questions to be discussed in the JOURNAL, and if not, why was his letter refused publication? He

had had no answer to that query, though he had received an answer to another question that he did not ask and which did not interest him. The report of the Journal Committee was submitted to the Council, which, without seeing his letters, approved its action. The JOURNAL differed from other periodicals, in that it was not a political organ and belonged to the members of the Association. They had a perfect right to express their views on any medical or allied subject discussed in the JOURNAL. To allow only one side to appear was a suppression of freedom of thought. The letter of another member of the Brighton Division was refused publication on the ground that discussion of the subject to which it referred was closed. He knew of other similar cases. The medical profession was often wrongly accused of being bigoted and intolerant, but the Journal Committee, supported by the Council, had definitely refused to permit medical matters on which it was legitimate to hold diverse opinions to be discussed in the JOURNAL. The only reason he could suggest for this was that the Council wanted it to be thought that on certain subjects the profession was unanimous, when it was far from being so. The principle at stake was whether the Journal Committee, supported by the Council, had the right, having made up their minds on certain subjects, to refuse the 32,000 members of the Association the right of expressing diverse views.

Dr. C. O. HAWTHORNE advised the Representative Meeting to give no countenance to the Brighton proposal. He fully accepted Dr. Parry's assurance that he was not animated by personal motives. He had admitted that the principle at stake was whether it would be possible to obtain a capable editor if one of the conditions of his position was that each of the 32,000 members of the Association had a right for any letter he wrote on a matter engaging the attention of the Association to appear in the JOURNAL. Article 38 of the Association put upon the Editor responsibility for what appeared in the JOURNAL, not, as Brighton's motion implied, upon the Representative Body. Brighton wished to take this responsibility away from the Editor, and to bind him to insert a letter or communication from any one of the 32,000 members. That would produce a condition of chaos, and no capable editor would accept such a position. An editor must be either trusted or dismissed. Responsibility and authority went together. On certain occasions the Editor had done him, as Chairman of the Science Committee, the honour of asking his opinion, and each time it seemed to him—if it were not impertinence to praise the Editor—he had shown anxiety that to him seemed excessive, and on such matters he regarded him as exercising a degree of charity that he would find it difficult to compass. The rank of the BRITISH MEDICAL JOURNAL was second to none, and it was evidence of its value that £6,000 was paid for copies by non-members of the Association. Responsibility and authority could not be divorced, and he asked the meeting to vote against the motion.

Dr. J. A. MACDONALD said that there were several inaccuracies in Dr. Parry's speech. One of the statements in it was that the idea seemed to be that a man might not criticize the action of one of the committees. The action which had been taken was not the action of one of the committees; it was the action of the Council itself. The Council had given instructions to the Science Committee to carry out a strong propaganda. That was the question discussed at the time by the Journal Committee. Dr. Parry had stated that the Journal Committee was the body that refused the insertion of the communication in the JOURNAL; but the committee really had nothing to do with it except that it was asked afterwards to express its opinion as to whether it approved or disapproved of the action taken. But, in fact, the only body to which the Editor was responsible was the Council. Every single letter that was refused was considered by the Editor in view of the circumstances existing at the time, and it was the Editor alone who decided whether or not a letter was suitable for insertion in the JOURNAL on any particular occasion.

The CHAIRMAN OF COUNCIL did not think that anybody would quarrel with the resolution as it was framed; but he thought that the Representative Body as a whole would disagree with the interpretation which Dr. Parry asked it to accept. The columns of the JOURNAL were open not only to members of the Association, but to anybody outside, subject always to the discretion of the Editor. There were only two exceptions to that statement. One was that the JOURNAL should publish certain official announcements, regulations, and by-laws, and alterations therein, from time to time. The other was that if the Editor was instructed by the Council to put something into the JOURNAL he must do so. With those two exceptions the Editor was free to exercise his ability and his discretion. No important journal could be conducted on other lines. The JOURNAL was a medical journal for the medical profession. It held, in open competition, the premier place in Great Britain. It was one of the most important journals in the world. It had climbed that pinnacle largely by the eminence and the discretion of its present Editor. (Applause.) The Editor had made one mistake, and that was in endeavouring to give any reason why he refused anybody's letter. There was no need for him to give any reason. There was no need for the Journal Committee to be imported into the matter. It was not possible to have an official valued and respected as Sir Dawson Williams was, hampered by being compelled to allow any member of the Association to have anything that he wished inserted. Imagine what would be the size of the weekly issue! Consider the amount of material, scientific and controversial, that was omitted every week. The proposition was impossible and intolerable. He could quite imagine that Dr. Parry felt that he had views which he thought it would have been well to put before the profession at the particular moment; but he knew Dr. Parry well enough to believe that he would see quite clearly that it would be impossible to conduct a scientific journal on lines such as those he proposed to lay down in his interpretation of the resolution. He hoped that, having ventilated the subject, Dr. Parry would see that he might gracefully withdraw his resolution.

Dr. PARRY said that he had been credited with saying many things that he had not said. Dr. Hawthorne had suggested that he had laid it down as a principle that any one of the 32,000 members of the Association should have the right to have a letter inserted in the JOURNAL if he wished to do so. He had made no such suggestion. The suggestion he had made was that, a controversial subject having been referred to over and over again in the JOURNAL, the other side ought to be heard. That was the only principle that he had laid down. Every fair-minded man must see that it was impossible to get the opinion of the profession unless both sides were represented. He had not attacked the JOURNAL. He had not said that it was not one of the best and finest journals in the world. He could not withdraw the resolution, and he must ask for it to be put to the vote. He had made no attack on the Editor. He had the greatest respect and admiration for the editorial staff and for the way in which the JOURNAL was conducted.

The motion was negatived by an overwhelming majority, only two or three hands being held up in its favour.

Reports of Division and Branch Meetings.

The CHAIRMAN, on behalf of the Plymouth representative, who was absent, moved that the reports of Division and Branch meetings should be more extensive and in larger type.

Dr. MACDONALD said he hoped the motion would not be passed. The question was whether it was better to disturb the balance of the JOURNAL by inserting local matter at greater length and more prominently, or to carry on as at present and make matters of general interest the more important part of the JOURNAL.

The motion was lost.

PROCEEDINGS OF ANNUAL MEETING.

Dr. J. STEVENS (Edinburgh and Leith) desired to instruct the Council to consider the question of publishing the proceedings of the Annual Meeting in one volume as soon as possible after the meeting, and of making, if necessary, extra charge for the publication. His reasons for doing so,

he said, were, first, that the appearance of the proceedings bit by bit in the JOURNAL weekly led to considerable delay in their complete publication; secondly, that owing to the long continuance of such publication, the way was blocked to a considerable extent for other matter appearing in the JOURNAL during that time; and thirdly, that the course he suggested would be of much more value to the members, and would enable them the better to preserve the transactions.

Mr. MCADAM ECCLES inquired whether Dr. Stevens meant that the proceedings of the Annual Meeting should be published in a separate volume, and that 33,000 copies of that volume should be sent out, one to every member of the Association. Dr. STEVENS replied that that would be a point for the Council to consider.

Dr. J. A. MACDONALD pointed out that the proposal had been considered twice before, in 1896 and in 1908, and on both occasions it had been rejected. A plan of the kind had been tried in connexion with the publication of the proceedings of the special scientific and clinical meeting held in 1919, but the result had not been encouraging. That particular volume had cost £395 to produce; it had been published at the price of 3s., and there had been no sale for it. At the present time, owing to the increased price of paper, overhead charges, etc., a similar publication would cost a very large sum, and he did not think many copies would be sold. Moreover, many papers of great value and interest were contributed to the Sections at the Annual Meetings, and their publication was an advantage to the JOURNAL and its readers.

The motion was lost.

Illustrations in the Journal.

Dr. STEVENS (Edinburgh and Leith) asked the Council to consider the possibility of improving the general quality of the illustrations. He thought it would be well worth the extra expense involved.

Dr. MACDONALD said the matter had been carefully considered by the Journal Committee and by the Council. After briefly explaining the different modes of reproduction, and the difficulty of getting good results on ordinary paper by rapid printing on rotary presses from stereotypes, he stated that the JOURNAL was now publishing certain special plates which, he thought, were highly creditable to the JOURNAL and satisfactory to the members. The cost involved in a more extensive publication of art paper supplements was almost prohibitive. Those in charge of the JOURNAL would gladly move in the matter if the Finance Committee could be persuaded to give permission for the money to be spent. He drew attention to the excellence of many of the illustrations now appearing in the JOURNAL, especially the coloured portrait of Lord Lister which was appearing in the current number. The Council did not require any urging to do its best in the matter, but the governing consideration was the cost.

The resolution was withdrawn.

MEDICAL ETHICS.

Advertisements of Therapeutic Institutions.

Dr. A. LYNDON (Chairman of the Ethical Committee) moved on behalf of the Council:

> That the Representative Body considers it undesirable that there should be inserted in the medical press or in other publications primarily intended for the medical profession any advertisement of a therapeutic institution which includes any laudatory statement of the form of treatment given, or the private address or the consulting rooms or hours of a member of the medical staff; but that there is no objection to the name and qualifications of medical officers of the institution being given.

In doing so, he said it might be well if he told the representatives the reasons which had actuated the Council in putting forward the motion. In 1924 the Representative Body had passed a resolution relating to the advertisements of institutions professing to provide medical advice and treatment, and it had stated that the practice was free from objection and that such advertisements might include the names of the resident and visiting medical officers. It had been found as a matter of experience by the Council that from week to week advertisements of those institutions had appeared in the JOURNAL which were open to certain objections. They were open to the objection that they contained laudatory statements of the form of treatment given, and the private addresses of the medical officers, the addresses of their consulting rooms, and the hours at which they could be consulted—very often in a different part of England from that in which the institution advertised was situated—and the Council had come to the conclusion that it was undesirable that those statements should be allowed in the JOURNAL. Therefore, on behalf of the Council, he moved the resolution.

Dr. F. RADCLIFFE (Council) said that the resolution was one which had caused him considerable anxiety because the JOURNAL had for a long period regularly accepted an advertisement which would be forbidden by the resolution as at present worded. That advertisement stated that there was a certain asylum in existence and that the medical superintendent could be seen at his consulting rooms in such and such a place, at which he would interview friends and doctors of patients. He did not want to alter the resolution in such a way that a doctor would be able to take advantage of his professional colleagues; but he would like to see it altered in such a way that the asylum to which he had referred would be able to advertise as it had been advertising hitherto. He moved that the latter part of the resolution should read as follows: "advertisement of a therapeutic institution which includes any laudatory statement of the form of treatment given, or information giving the private address or the consulting rooms or hours of a member of the medical staff which is in any way calculated to promote his private interests; but that there is no objection to the name and qualifications of medical officers of the institution being given." Those words would carry out what Dr. Lyndon had suggested and would allow a very worthy institution which was valued very much to continue as it had been going on, and it would not be said that what it had done was contrary to anyone's professional interests.

The amendment was seconded by Dr. J. D'Ewart.

Mr. MCADAM ECCLES (Council) could not see that the amendment really covered the question which members were anxious it should cover. In the previous issue of the JOURNAL it would be found that there were no fewer than six advertisements, all in connexion with mental disease, in which the actual address of the doctor at his consulting room was totally different from the institution in which he was working.

The CHAIRMAN OF COUNCIL thought that Dr. Radcliffe's proposal would put upon the office work which would be very difficult and responsible. It would put upon the secretariat a duty which the General Medical Council found it very difficult to discharge in somewhat similar cases. He thought that it would be very ill advised to do that. He imagined that some other form of words might be found which would cover an obviously desirable exception, such as that which had been mentioned; but he was perfectly certain that the suggested words would not do that. They would only open the door to fresh difficulties.

After some discussion and consultation,

The CHAIRMAN said that Dr. Radcliffe had asked him to move the amendment in another form. The words would be as follows: "or the address or the consulting rooms or the hours of a member of the consulting staff at which he sees private patients."

Dr. J. D'EWART, as seconder, stated that he was prepared to second the amendment in its altered form. The meeting gave leave to the mover and seconder to alter the wording of the amendment.

Dr. LYNDON said that he was willing to accept the amendment as now proposed.

Dr. KAPADIA (Bombay) objected to the words "but that there is no objection to the name and qualifications of medical officers of the institution being given." In his opinion those words should be omitted. In Bombay the medical men had decided that the very fact that the name and address of the doctors serving in an institution in any capacity were mentioned gave a sort of advertisement to the persons who were so named. It was the duty of every medical man to raise the standard of medical ethics as much as possible, and never to take a retrograde step by publicly

advertising, either directly or indirectly. He hoped that the resolution would be passed as amended, but with the omission of the words to which he was now objecting. If the name and address of any particular man connected with an institution were advertised the men who were not connected with such institutions were placed in a position of disadvantage. Only merit and qualifications should decide the prestige and earnings of a man, not advertisement. If the words against which he was speaking were adopted, the result would be that many so-called institutions would crop up simply to advertise men who needed advertisement.

The CHAIRMAN pointed out that the omission of the phrase would not accomplish the aim of the mover of the amendment; a positive phrase must be inserted—"That it is objectionable that the name and qualifications of medical officers of the institutions should be given."

The amendment having been moved in that form, Dr. ROXBURGH seconded it and complimented Dr. Kapadia on his excellent speech.

A REPRESENTATIVE asked whether the amendment was in order, it having been the policy of the Association since 1924 that the names of medical officers should be published in the BRITISH MEDICAL JOURNAL. The CHAIRMAN replied that the amendment was in order, because the proposition was that the time-honoured policy should be varied.

The REPRESENTATIVE: But to do that is it not necessary to give two months' notice in the JOURNAL?

The CHAIRMAN: That part of this resolution would not be the policy of the Association in the technical sense, but an expression of opinion by the meeting.

Dr. LANGDON-DOWN asked if the mover of the resolution wished to preclude publication of particulars concerning medical men attached to institutions who were not in private practice. He did not think the Association should do that. The CHAIRMAN replied that the amendment as altered did that. The meeting had nothing to do with intentions, except in debate, only with words or propositions put before them.

Dr. LANGDON-DOWN, while admiring the high aim of the amendment, advised caution. It would bring about such a great and unconsidered change in the attitude as to cause consternation. In all ethical questions they had to consider what had been the agreed custom for a long time. In many places the names of medical staffs of public institutions were always regularly published, and that custom was held to be very desirable.

Dr. LYNDON was not prepared to accept the amendment, heartily endorsing what Dr. Langdon-Down had said. The resolution applied not only to medical journals, but to other publications primarily intended for the profession. For many years it had been the custom for the institutions in question to be advertised in the *Medical Directory*, with the names and qualifications of the medical officers. That was quite free from any offence and had not led to personal advertisement.

Dr. H. G. L. HAYNES (Mid-Essex) asked, as many public hospitals, general and mental, took private patients, how could the names of part of the staff be excluded?

Dr. KAPADIA said that a custom of many years' standing was no justification for continuance. He stressed the injustice to practitioners and consultants who were not in connexion with established institutions and had no opportunities to bring their names and qualifications before the public. His amendment would avoid that invidious distinction. In Bombay it had been agreed among medical men that in no circumstances should names and qualifications of doctors be advertised in any shape. If anyone wanted to know who was the conductor or medical man in charge of an institution the proper method was to write to the institution. What was proposed was a retrograde movement from the point of view of higher medical ethics; he wanted to raise the standard.

The amendment was lost and the original resolution carried.

Dr. LYNDON, in moving the approval of the remainder of the Annual Report under this heading, called attention to the paragraph in the Report of Council to the effect that they considered it unnecessary and undesirable for the Association to prepare and issue an ethical code, in view of the fact that some thirty pages of the *Handbook for Recently Qualified Medical Practitioners* dealt with the subject.

The report was agreed to.

Newly Qualified Practitioners and Medical Ethics.

Dr. C. H. MILBURN (Harrogate) moved to instruct the Council to consider any further steps which might be thought necessary for the instruction of senior students or newly qualified practitioners in medical ethics. He referred to the growth of the habit of writing to the lay press letters on all subjects, whether medical or not. The practice seemed to be common in all classes of the profession, from the newly qualified to the ranks of knights and baronets. Such letters might have beneficial effects, but many of them reflected the confused mentality of the writers as to the objects, powers, and responsibilities respectively of the British Medical Association and the General Medical Council. That had been very evident in some of the letters he had read from men who in the past had been looked up to in some respects as trusted leaders of the profession. A few years ago an effort was made by the Chairman of Council to restrict the tendency, but that seemed to him to be beginning at the wrong end, and he thought it desirable that senior students or newly qualified men should have the opportunity of being instructed in medical ethics. Without trenching on the powers and responsibilities of the General Medical Council, there was no reason why the Association should not apply in the proper quarters pressure for giving incoming members of the profession thorough instruction in medical ethics, and so do away to a large extent with the necessity for disciplinary action.

Dr. J. F. WALKER (Southend) said the matter was even more important than the proposer of the resolution seemed to think. The non-observance of genuine ethical principles had far-reaching effects. For instance, the delicate question of supersession produced an enormous amount of irritation between colleagues. The unedifying spectacle of quarrels between medical men lowered the profession in the eyes of the public. Dr. Walker added that although instruction was now given to students in almost every branch of medicine, yet on this important matter there was no definite attempt whatever to give instruction. The best remedy would be for every batch of newly qualified men to have a talk from a general practitioner of many years' experience. Practically the only thing one was told on the momentous night of qualification was that one's horses could not be taken for fire engines, and one would not have to serve on a jury!

SIR ROBERT BOLAM thought there was no harm in passing the resolution, but he would not like the Representative Body to feel that nothing was being done systematically to inculcate in the medical schools the principles of ethics, both by the example of teachers and also by systematic lectures. The General Medical Council, in its investigation of the curriculum, had had reports from the various teaching institutions, and there seemed every evidence that care was now being taken in this type of instruction, and that the authorities of the schools were aware of the need. Still, there was no harm in asking the Council to be vigilant in order that this type of instruction might rather increase than diminish.

Dr. LYNDON said that the General Medical Council itself took action as long ago as 1922, when it passed a resolution, which was sent to all the universities and medical schools, stating that instruction should be given in the courses of forensic medicine and public health or otherwise on the duties which devolved upon practitioners in their relations to the State and on the generally recognized rules of medical ethics. That notice had been carried out, he believed, by all the universities and by a large number of the medical schools. At one of the medical schools in London, the lecturer on public health gave at least three lectures on medical ethics every term, and the surgeons and physicians also took every opportunity, when going round the wards with the students, to impress upon them the

importance of the subject. They were all anxious that anything which could be done to improve the instruction in medical ethics should be done.

The motion was carried.

Professional Disputes.

Dr. LYNDON then moved as a recommendation of Council:

> That having reviewed the existing machinery of the Association as regards ethical matters, the Representative Body is of opinion that no extension of that machinery is at present necessary or desirable.

He said that the Council had been asked by the Council of the Metropolitan Counties Branch to consider the present machinery for dealing with professional disputes, and as a result an appendix to the Supplementary Report would be found dealing with the procedure at present followed and certain suggestions for possible developments; but the Council was of the opinion stated in the recommendation. He appealed to the Divisions, twelve in number, which had not yet adopted the ethical rules to do so without further delay, because on several occasions it had very seriously prejudiced the interests of the members in those Divisions that the ethical machinery had not been able to function in the areas.

The motion was carried, and the remainder of this portion of the report was approved.

The meeting adjourned at 6.15 p.m.

Saturday, July 16th.

THE CHAIRMAN.

The chair was taken by Dr. C. O. HAWTHORNE (Deputy Chairman) in the absence of Dr. Brackenbury through illness. Sir ROBERT BOLAM announced that Dr. Brackenbury, who had been seized with temporary illness the previous evening, was very much better, and indeed had wished to resume his work, but he (Sir Robert Bolam) had persuaded him—indeed, had ordered him—to remain in bed. Professor Wilkie had seen him, and had stated that he might resume the chair on Monday morning.

As Dr. Hawthorne, in his capacity as Chairman of the Science Committee, had to present the Report of the Council under "Science," the meeting elected, on the proposition of the CHAIRMAN OF COUNCIL, Dr. WALIACE HENRY to the chair during this part of the proceedings.

SCIENCE.

Pathological Institutes.

Dr. C. O. HAWTHORNE (Chairman of Science Committee) moved as a recommendation of Council:

> That the Representative Body disapproves of the establishment by trading firms of laboratories as subsidiary enterprises for the purpose of offering pathological examinations and reports on individual cases, and advises members of the Association to avoid any association with such enterprises.

He said that this year there was imposed upon the usual report of the Science Committee a new section headed "Pathology." The Council at various times had received complaints from practitioners engaged in practice as private pathologists that their position was unfairly treated in two respects. First, advertisements of organizations were permitted in the medical journals, whereas the private personal efforts of individuals were, in accordance with usual professional custom, excluded; and secondly, there were certain commercial activities which came into competition with the reasonable and ethical standards governing the action of private members of the profession. That position was set forth at length in the Annual Report of Council (SUPPLEMENT, April 23rd, 1927). It was a matter of common knowledge that certain trading firms who had goods to supply to the profession did conduct pathological laboratories, which it was not unfair to say were not "motived" by a love of science or research, but by commercial and advertising ambitions, and the Council now wished to put it to the Representative Meeting that that was the type of ambition which the British Medical Association should discourage, and it came to that conclusion upon two grounds: first, that this was unfair competition with the private pathologist, and, secondly, if it was admitted to be a legitimate and proper thing for a commercial firm to cultivate a clinical laboratory and to give reports on specimens obtained from individual patients, there was no reason why that class of undertaking should not be extended. One could imagine an enterprising firm setting up, as a subdepartment for advertising purposes, an *x*-ray examination scheme, and probably at low fees, where there would be both unfair competition, and, as they thought, undignified competition. Other and more undesirable extensions were conceivable.

This was agreed to without discussion.

Pathological Reports.

Dr. HAWTHORNE further moved:

> That in the opinion of the Representative Body all institutions undertaking pathological examinations and reports should include in any intimation made to the profession the name of the registered medical practitioner in charge of the laboratory, and that each report issued from the laboratory should be guaranteed by the personal signature in writing either of the practitioner or of some other registered medical practitioner approved by him.

Dr. Hawthorne said the motion emphasized the character and responsibility of clinical pathological reports made in the investigation of individual cases.

The motion was agreed to.

Dr. HAWTHORNE next moved:

> That in the opinion of the Representative Body, public health authorities should neither provide for pathological examinations nor furnish pathological reports on individual cases, except (1) in cases which directly involve questions of public health, or (2) where provision is made for such reports by statutory right, or (3) when the patient is stated by the practitioner to be, in his opinion, unable to pay a fee.

Dr. Hawthorne said that the motion recognized that there was a legitimate field for municipal or other public laboratories, and that their responsibility extended to the investigation of specimens collected from individual patients. Further, the statutory right of individuals to receive pathological reports should not be interfered with. The intention was to guard the private interests of individual practitioners and to protect them against possible abuse; also to secure municipal or public authorities from abuse by persons who could pay, but tried to avoid payment.

Dr. L. A. PARRY (Brighton) moved to leave out the third of these exceptions—namely, "when the patient is stated by the practitioner to be, in his opinion, unable to pay a fee." He said that to agree that a public authority should begin investigating pathological conditions was to put it into competition with the private practitioner. Any individual not able to pay for pathological examination could always get it done in hospital.

Dr. HAWTHORNE said he would admit the validity of Dr. Parry's contention if there were accessible private pathologists and hospitals in all parts of the country, but notoriously there were not. He did not see how the profession could consistently take up an absolutely restrictive attitude towards examinations made by public authorities. Time was an essential element, and the Association should not take up an attitude that implied that public health authorities in no circumstances should give results of examinations collected from private patients.

Dr. C. E. S. FLEMMING said that if the Science Committee's motion was passed, wherever there was a public pathological authority it would be necessary to set up another laboratory in each area, because, as Dr. Hawthorne had said, it was important that in point of time the laboratories should be within easy reach of every practitioner. Instead of there being one large well equipped laboratory, there would have to be two, which could not be equipped as economically as one. In neither would the man in charge have the large and varied experience which was needed. Where a large amount of work was done smaller fees could be charged, which was important from the point of view of the medical practitioner, who often hesitated to ask private patients to have pathological investigations carried out because of the expense. Two institutions involved the employment of two men, and the amount of money available for salary

had thus to be divided. It was much more important to have one institution with a well paid man. Work was not being taken away from private pathological practitioners. It had to be remembered that the greater part of the work was new work, and work which was due to the activities of the public health authorities. Had it not been for the latter, a large amount of the work would never have been done. It had also to be remembered that the large demand which now existed for pathologists, and the consequent supply, was largely due to the activities of the public health authorities in the matter. Medicine generally owed a very considerable debt to the Ministry of Health and to the public health bodies for the facilities they had given. The point could best be met, not by restricting the work they did, but by an active and sympathetic co-operation with them, while at the same time supporting the pathologists.

Dr. CLARK TROTTER (Council), in support of the motion, stated that some time ago he had consulted an official of the Ministry of Health in the matter. He found it was very commonly thought by the average practitioner that a local authority was bound to do pathological examinations. That was not the case. He had been told that it was entirely within his own discretion, as medical officer of health, to say whether he thought the examination of any particular specimen was in the interests of public health in the way of preventing the spread of disease in the borough; and it was on those lines that the examination was undertaken. He had even known swabs to be taken from cases as a sort of placebo for the patient. There was also a good deal of indiscriminate swabbing of contacts which was of no use at all, because the patients were not suffering from a disease and they could not be treated as diphtheria cases. In Islington he had very strictly limited the cases in which he did pathological examinations, and if he got half a dozen swabs from one doctor all at once from a family, he very closely inquired into the case before having the examinations done. He would rather spend the money on doing tests for pathogenicity. A great number of supposed diphtheria cases were "pseudo," and not pathogenic, and if one could prove that the supposed carrier was non-toxic one was doing good work and spending the money usefully. His main object in speaking was to point out that it was not the case, as many practitioners thought, that they had only to send in pathological specimens and that they were bound to be done. The control should be kept by the public authority, who should exercise a discretion. It was on those lines that he was strongly in support of the motion, because it stated that it should involve questions of public health; and that was exactly the attitude that the official at the Ministry had taken when he had consulted him on the matter—namely, that if it was considered it did not involve questions of public health and was going to be a useless sort of examination, the local authority was not to be bound to do it. Having obtained that decision, he had thought it as well to place it before the meeting.

Dr. H. S. BEADLES (Council) thought Dr. Clark Trotter's argument was exactly the argument which should have been brought forward in opposition to the motion. It was found generally that practitioners wanted to have the possibility of getting general work done. As Dr. Flemming had pointed out, if it was desired to have all that work done, a large public laboratory was necessary. Very great difficulty would be experienced in a number of cases if the public laboratory was limited only to a few items. It was practically limited now to diphtheria, syphilis, typhoid, and tuberculosis. He was looking forward to the day when the public laboratory would be open to all cases. Personally he was very strongly against the resolution.

Dr. J. STEVENS (Edinburgh) took exception to Dr. Clark Trotter's remarks. Dr. Trotter claimed the right of the medical officer of health, who had not seen the cases, to decide whether or not he should have examinations made of the swabs sent by medical practitioners, who had seen the cases, and who had treated them, and who knew the circumstances of the household. Personally he took exception to that point of view. With regard to Dr. Trotter's remarks about the examination of contacts, he did not know what the experience was elsewhere, but in Edinburgh practitioners were sometimes asked by the medical officer of health to take swabs from contacts in the case of poor children in houses where a case of diphtheria had occurred, and they did so. They were taken on the request of the medical officer of health as a rule, if not always, and not by the practitioners themselves.

Dr. S. C. DYKE (Wolverhampton) traversed the statement made that the increase in pathological work was entirely due to the activities of public health bodies. In the view of a number of speakers, pathology consisted entirely of the examination of diphtheria swabs and sputum for tuberculosis. As a matter of fact, pathology consisted in a great deal more than that; and for the proper pursuit of pathology one was coming to realize more and more the absolute necessity of bringing the pathologist into the closest possible contact with the patient. On that account he very strongly supported the motion. Mention had also been made of the advantages of having one large laboratory instead of two, presumably referring to "two" as a public health laboratory on the one hand and a private laboratory or a laboratory attached to a voluntary hospital on the other. There was no question that better work could be done in one large laboratory, but it was also obvious that the functions of a public health laboratory and the functions of a laboratory attached to a voluntary hospital were two entirely different matters. In the one case specimens had to be dealt with in bulk; in the other, individual specimens had to be dealt with in reference to the individual patient. In all districts there existed an opening for laboratories of both sorts. In most areas privately practising pathologists were the pathologists of the voluntary hospitals. In a good many districts the voluntary hospitals had not sufficient funds to pay an adequate retaining fee to a man who could do their pathological work solely. On the other hand, if the voluntary hospitals allowed their pathologists to do private work in their hospital laboratories, then the pathologists could add sufficiently to their income to enable the hospitals to get good men to take their pathological posts. It was most necessary that every hospital should have attached to it a competent pathologist working in a properly equipped laboratory, where there could be the closest contact between patient and pathologist, and where consultations could take place between the pathologist and members, not only of the honorary staff, but also of the practitioners of the surrounding district. That particular type of thing could only be brought about in clinical laboratories attached to voluntary hospitals. The latter could not establish those laboratories unless they got a certain amount of private work coming in to them. That private work they could not get if it was all going to be taken by the public health authorities.

Dr. E. W. G. MASTERMAN said what he had to say was only a contribution to knowledge of how things were being worked. In his own borough (Camberwell), there was a very peculiar arrangement, which, perhaps, under the present motion, was carrying matters out exactly according to the proposed policy. There was a large Poor Law hospital, practically a municipal hospital, with a very fully equipped pathological laboratory, and in which all the work for the hospital was done; but that laboratory was also the municipal laboratory, and all the work for the municipal authorities was done there too—an arrangement which was very admirable. Although there were voluntary hospitals in the neighbourhood, they could not possibly undertake the work needed. The last speaker had intimated that it was only in voluntary hospitals that such kind of pathological work could be done. That was quite incorrect. The arrangements which his own borough had were now being made in many of the Poor Law hospitals in London. In addition to that, their pathologist had his own laboratory with his own assistants, and there he dealt with the private work such as that described. That was a very good example of the carrying out of the policy proposed, but he had to confess that he was not at all satisfied that that was not a very roundabout and cumbrous method of doing things. He joined with Dr. Flemming in the opinion that it would be far better for public authorities in many circumstances to allow their pathologists to carry

out the work of private practitioners under a private arrangement.

Mr. H. S. SOUTTAR (Council) had the greatest possible sympathy with the proposition before the meeting; but at the same time he quite saw the difficulty of the practitioner in general who had only the public laboratory to fall back upon. He therefore proposed as an amendment that after the words "That in the opinion of the Representative Body" there should be inserted "wherever other pathological facilities are available." Those words would cover both cases—where the pathologist was working privately, and where he was working in conjunction with a hospital. It seemed to him that they would provide a way of escape from the dilemma.

Dr. FLEMMING hoped that the amendment would not be accepted. The practitioner might be placed in the dilemma that there was a private laboratory with the work of which he was not satisfied. In that case he would be in an extraordinarily awkward position. The amendment might perhaps be worded differently.

The CHAIRMAN OF COUNCIL thought that Mr. Souttar had not appreciated exactly what the full effect of his amendment would be. At the moment the situation that was being dealt with was anything but clarified. It might well be that it would develop so that there would be a new set of consultants, the pathologists. It might, on the other hand, be better for the community that that section of the profession should develop, aided by public health authorities and hospitals. In a short time the national health insurance scheme would undoubtedly take a hand in the work, and conditions would be laid down. In the meantime it would be well to leave the whole situation fluid. Therein lay safety; in the other way lay danger.

Dr. HAWTHORNE said that there were two reasons why he felt unable, on behalf of the Council, to accept the amendment. The first was that if it was adopted it would be necessary to find some papal authority, if he might put it so, which would be prepared in every individual case to say when other facilities were or were not available. The second reason was that it challenged the right of public health authorities to have laboratories for any examinations, even for examinations made admittedly in the interests of the public health.

Mr. SOUTTAR considered that his amendment was a common-sense one and that it met the situation and left it extremely fluid. If it were not passed there would result the ludicrous position that members of the medical profession would be forbidden to make use of the only facilities that were available for them.

The amendment proposed by Mr. Souttar was carried by a very large majority.

Dr. R. A. LYSTER (Public Health Service representative) hoped that the matter would be referred back. If the resolution as amended was carried, it would only hold up to ridicule the decisions of the British Medical Association and the Representative Body. In this matter there were three parties to consider—the pathologists, the practitioners, and the patients. The pathologists at present were not a well established branch of the profession. He was quite sure that their future lay very largely in the development of pathological facilities by public health authorities. As to the practitioners, in his area they were more than glad to have facilities for bacteriological and pathological help provided for them within reasonable reach. With regard to the patients, if the resolution was passed and was put into effect a very large number of people all over the country would be deprived of adequate pathological help. The division between the provision for poor patients and that for better-class patients was illogical and administratively unsound. The service must be developed as one service. The matter was a complicated one which could not be disposed of very hastily, and he hoped that at the present stage the chairman of the committee would take it back and bring it up for consideration at a future time.

The motion to refer back was seconded from four places in the meeting.

Dr. C. E. DOUGLAS (Fife) supported the proposal to refer back. Locally they had no experience in Scotland of these conditions. In Edinburgh the public health authority always dealt with this matter of pathology. The whole of Scotland was covered by the same conditions as held good in Edinburgh. Therefore, the position being so fluid, it was very suitable that the motion should be referred back.

Dr. S. C. DYKE (Wolverhampton) said there was another element to be considered in the matter—namely, the progress of medicine. For any proper advance in pathology there must be the closest possible contact between the patient and the pathologist, and that contact could best be brought about by placing the pathological work concerned with the individual patient in the laboratories attached to the voluntary hospitals. He hoped the motion, even as emasculated, would not be referred back. The future of bacteriologists, such as experts in the examination of water or milk, possibly did lie with the public health authorities, but the future of pathologists as a whole certainly did not lie there, but in the laboratories attached to the voluntary hospitals; to encourage the establishment of a series of centres attached to voluntary hospitals all over the country offered the most hopeful prospect for the real advancement of medicine.

Dr. HAWTHORNE agreed to take the motion back for consideration by the Council. It had been modified by the better judgement, no doubt, of the Representative Meeting, and as the Council had to accept the responsibility he felt in duty bound to ascertain the scope and bearing of the words which had been spatchcocked into his proposal. He would make no allusion to the doctrines which had been preached from that platform in the course of the debate, some of them having their origin in Islington and others in Aberdeen. He would not attempt to controvert or challenge any of those doctrines, but as far as his own motion went he accepted the reference back.

It was agreed to refer back the motion.

Dr. HAWTHORNE finally moved:

> That where a pathologist attached to a hospital or medical school undertaking pathological work as a general service does such work for persons able to pay fees, the fees paid for such examinations (subject to such charge for the use of the laboratory as may be arranged) should be the property of the pathologist and should be a matter of private arrangement between the pathologist and the person for whom the examinations are made.

He said that this related to the arrangement they thought should obtain between a hospital pathologist, the authorities of the hospital, and private patients. Clearly, the hospital pathologist had to do the pathological work for in-patients and out-patients of the hospital, but he might, and often did, carry on a private pathological practice, the specimens being sent to him at the hospital. Whether that was an ideal course or not did not at this moment arise. In these circumstances it was reasonable that the pathologist should by arrangement pay a reasonable contribution for the use of the laboratory for his own private practice, and, having done that, he should himself fix the fees which he regarded as proper for specimens examined from private patients, these specimens being sent from persons who were in a position to pay fees and were under the care of private practitioners outside.

Dr. J. HUDSON (Newcastle) opposed the motion. He said that in Newcastle a pathologist was attached to the College of Medicine, and no private practitioner really carried out an examination of a cancerous tumour. He sent it to the college, which rendered an account. What happened inside the college was beyond the private practitioner. He suggested that the motion be referred back to the Council. It had been brought up in connexion with London, not in connexion with the North Country, and he believed the same thing applied to Scotland.

Dr. F. RADCLIFFE (Oldham) was absolutely convinced that in many parts of the country what was proposed would be unworkable. It would put pathologists as officers of institutions in an extremely awkward position. Engaged as whole-time officers of various institutions, they were to be asked to pay something out of their salaries back to the hospital for the privilege of using its laboratory. Even if the governing body would agree to such an arrangement, which was doubtful, would they allow their whole-time

paid medical officer to charge whatever fees he liked for work done in their hospital? That would be entirely contrary to the whole procedure of voluntary hospitals. If it worked successfully at first, and a pathologist to a voluntary hospital was giving part of his time to the hospital and part to his paid private work, would there not come a time when some member of the committee of management would say: "We are paying our pathologist so much a year; he is giving most of his time to private work; we ought to reduce his salary or get rid of him"?

Dr. P. MACDONALD (York) said that his hospital had set up a scheme, his own child, upon the basis that the pathologist worked for the hospital and for private patients; and he did both exceedingly well. What was proposed could be done perfectly well in certain circumstances. Probably in large areas, with large hospitals and ample work for the pathologist's whole time, what was proposed would not work, but in other areas it was being done perfectly well.

Dr. R. ST. L. BROCKMAN (Sheffield) said it could be done in large areas also. Sheffield had two general hospitals and a women's hospital, with a pathologist appointed to each, at £500 a year—paid partly by the hospital, partly by the university. The rules agreed to by the staff, the university, and the board of management allowed him to do private work, provided the staff were satisfied he was doing the work of the infirmary. He was allowed to charge for his private work, making his own arrangements with the doctors. With regard to the charge for use of the laboratory no charge was made by any hospital in Sheffield.

Dr. H. S. BEADLES (Council) said what was proposed could be done in small areas, and might be done in some large areas, but could not be done in a considerable number of large areas. In the greater number of cases the pathologist was paid a full salary, and could not expect to be allowed to take private work as well. At that moment, on behalf of the Insurance Committee of his area, he was supposed to be negotiating with a hospital as to how it could do pathological work. When he met pathologists was he to make a stipulation on behalf of the British Medical Association as opposed to the Insurance Committee? The plan was not workable.

Dr. J. STEVENS seconded the motion to refer the proposal back.

Dr. HAWTHORNE said representatives must form their own estimates of the statements of previous speakers. Some misunderstood the general proposition contained in the motion. It referred to a hospital pathologist or a pathologist in a medical school undertaking pathological work as a general service, examining specimens and giving reports upon them for the service of the general body of practitioners or any practitioner who cared to submit specimens to him. They were not dealing with whole-time servants, but those who had a particular appointment which left them free to cultivate individual activities. Fees for that service should be paid by the individual for whom they were done, and a pathologist doing such work in a public laboratory should pay for the facilities afforded. He urged the Representative Body not to get into the habit of referring matters back, because the whole position was thoroughly explored before a definite recommendation was made.

The motion was carried by a two-thirds majority.

THE ASSOCIATION'S WORK IN SCIENCE.

Dr. HAWTHORNE then moved that the remainder of the Annual Report under "Science" be approved. He acknowledged the Association's indebtedness to the experts for their reports on work done by the Association's scholars and grantees. The two reports issued on rheumatic heart diseases in children were generally recognized as substantial contributions to a difficult subject which had close relation to the maintenance of the health of the community. (Applause.) It was hoped to have a report next year from the Rheumatism Supervisory Centre at Paddington Green Children's Hospital. In regard to the Library, although the loan period had been extended from fourteen to twenty-eight days, some books were retained beyond that period in spite of repeated applications. Such action was antisocial, and he appealed to members to be loyal to others. The Library was increasingly appreciated. He paid tribute to the winner of the Stewart Prize, Sir Malcolm Watson, and to Dr. J. S. Manson, "one of our fellow representatives," on the award to him of the Sir Charles Hastings Clinical Prize, and offered congratulations to Dr. James Alston (Edinburgh), to whom the Council had awarded the distinction of honourable mention for a clinical study of great merit. He came next to the Council's general statement and argument on pathology, which was based upon the view that the individual practitioner in pathology was like the individual practitioner in any other department of medicine, that he ought to be governed by the same ethical and general considerations, and occupy the status of an expert in his particular sphere. The general proposition underlying the argument was that, there as elsewhere, personal guarantee and personal responsibility were to be desired. An institution might have an imposing name, but its real value depended upon the competence, the accuracy, and the good faith of the individual doing the work. The whole position in clinical pathology was more or less fluid, and time would determine what particular direction it was in the interests of the pathologist and of the community that it should take. Individual pathologists, as individual practitioners in all spheres, relying upon their own competence, were doing highly scientific and valuable work, and it was in the interests of medicine that the Association should do all that was possible to maintain that position.

Dr. L. A. PARRY (Brighton) moved to make it clear that in the general propositions which the Council had adopted with regard to pathological institutes and practitioners (Paragraph 89 of Annual Report), dental practitioners were included throughout. After congratulating Dr. Hawthorne on his able and eloquent statement, he said he was sure it was the intention of the Science Committee that dental practitioners should be entitled to report in the same way as medical practitioners.

Dr. HAWTHORNE accepted the amendment on the understanding that the Science Committee would put it into suitable words, so as to harmonize with the terms of the resolution.

Dr. PARRY also moved to add to the last subparagraph, which read, "That in no circumstances should a pathological report be furnished to any person other than a qualified medical practitioner," the words, "except at the request of the practitioner." He said there were conditions under which it might be advisable that at the request of the doctor it should be sent to the patient. It was a common thing for a visitor who left Brighton before the report was ready to ask for it to be sent on to him, so that he could take it to another medical man.

Mr. BISHOP HARMAN said that in such a case there was no reason why the Brighton doctor should not arrange for the report to be sent to him, and he could then pass it on to the patient. That would protect the doctor; but in the interests of the patient it might not be desirable to show the report to him.

Dr. HAWTHORNE could not accept the amendment. A rigid standard ought to be maintained. A professional communication between two medical men should not be left to the risk of inspection by the patient. The doctor could communicate to the patient any information he wished.

The amendment was lost.

Pathological Institutes.

Dr. R. FORBES (Gateshead) moved an amendment:

> That the Representative Body disapproves of the policy advocated in relationship to the advertisement of pathological institutes such as is referred to in the foregoing recommendation of Council, and instructs the Council summarily to exclude advertisements of such pathological institutes from the pages of the BRITISH MEDICAL JOURNAL.

He drew attention to the fact that Paragraph 91 of the Annual Report stated, "There is here obviously some inequality of opportunity, and though not prepared to

advise the summary exclusion of these advertisements, the Council is of opinion that in some respects they require supervision"; yet in the first recommendation of Council members were advised to avoid any association with such enterprises. The two statements were not consistent. There were three different types of institutes and pathological laboratories actually in existence—the hospital type, the limited liability company type, and the type which was run under some trading name for advertising purposes. The British Medical Association had definitely set its face against advertising trading firms. There was a sort of transition type between the trading firm and the hospital, or the private pathologist himself with whom practitioners treated and knew in person. That sort of transition type was somewhat indefinite. Sometimes it was a group of practitioners who ran an institute; sometimes it was run under the name of a limited liability company; sometimes it was managed in such a way that one was not quite sure how it was run. The Council evidently thought there was something indefinite and undesirable about that particular type of institute, so much so that they had inserted in Paragraph 91 two particular qualifications which applied to any advertisements appearing in the JOURNAL. What his Division feared, and what they believed to be true, was that such institutes and laboratories were cutting fees. It was undesirable that the Association should lend the pages of its JOURNAL for the advertising of such bodies. It was more fitting and consistent that such bodies of a transitional type between the trading firms and the private individual should be summarily and entirely excluded from being advertised in the JOURNAL.

Dr. H. D. WOODROFFE (East Norfolk, Norwich) supported the amendment. He said that the policy of the Association was to place the pathologist on the same footing as every other consultant. At the same time, if the Gateshead amendment was not passed, the private pathologist was being left to compete with what might aptly be described as mass production. Unless it were possible (and it was obviously impossible) to fix the fees which those aptly termed transitional institutes were going to charge for pathological work, then the private pathologist could not possibly compete with them. If the Association was going to insert those advertisements, then in all fairness it would have to allow a private pathologist to advertise, and if it allowed a private pathologist to advertise, why should it not allow every other consultant to advertise? The Association had a reputation for fairness. If it was going to place any one section of the profession under the disadvantage of unfair competition, it would be laying itself open to the accusation of having lost that reputation.

DR. HAWTHORNE asked the Representative Body to reject the amendment—not that he objected to it as an ideal scheme, but they had to deal with a situation which was not represented by a clean piece of paper. Certain things existed which the representatives might wish did not exist, but no pious aspirations would cause them to cease to exist. Certain considerations had to be borne in mind. First of all, it had been a custom for some considerable time to allow advertisements of pathological institutes in medical journals. It would be somewhat unjust to exclude summarily a practice which had been countenanced at least by the absence of opposition. While there were some undesirable institutions, there were others which had done good service to the profession, and therefore to the public, by providing facilities for pathological examinations when such facilities were not provided in any other direction. Even at the present time there were large areas of the country where no facilities offered by private pathologists actually existed, and it was therefore a convenience for sections of the profession who practised in those particular areas to know of institutions where they could get the work done. It would be an injustice to say that the advertisements of those institutions should be abruptly cut off. If the Association had to start all over again, all the members would probably be convinced that advertisements, whether of individuals or of institutions, in medical journals were inadvisable. But that was not the position.

The CHAIRMAN OF COUNCIL appealed to Gateshead to leave the matter in the hands of the Council without summary direction. It was not easy to conduct the advertisement pages of a journal without a little care in dealing with individual cases. Summary directions were apt to hit deserving people rather hardly. If it were agreed that the Council's recommendation went very far in the direction that Gateshead wished, and also the other resolutions mentioned by Dr. Hawthorne, in the way of giving a guarantee of reputable work by medical practitioners, and which also would be a guiding principle in deciding on advertisements, then he should imagine that enough had been done at present. The amendment would cause such an impasse that he was rather afraid to contemplate the task of the Financial Secretary and the Medical Secretary in dealing with advertisements.

Dr. FORBES said he did not feel justified in withdrawing the amendment, though he was not altogether averse from so amending it as to bring it into line with some of the suggestions that had been made since he had introduced it.

Dr. Forbes's amendment was lost, and the remainder of the Annual Report of Council under "Science" was approved.

Scheme for Collective Investigation.

Dr. HAWTHORNE next moved approval of the Council's proposals for the carrying out by the Association of the scheme submitted for collective investigation by individual medical practitioners. In doing so, he said that everybody would agree that there was valuable clinical information in the hands and heads of medical practitioners. The Council had selected two subjects for investigation—namely, varicose ulceration and the after-history of gastro-enterostomy. The whole matter had been discussed by a joint committee formed partly by the Insurance Acts Committee and partly by the Science Committee. That body had done the work under the chairmanship of Dr. Douglas.

Dr. C. E. DOUGLAS (Council) emphasized the importance of the matter. It was no new thing for the Association to try to bring together the collective experience of its members. In the "sixties" the Association began collective investigation upon such subjects as the treatment of pneumonia and so forth. The investigation was more or less successful. In the early "eighties" there was another attempt, which was very much more successful. It dealt with subjects like pneumonia, the communicability of phthisis, and other matters, information upon which by this time had passed into the general body of knowledge of the profession, but which at the time were somewhat moot points. Those investigations were carried out by between six and seven thousand of the members. He wanted the present generation to "play up" to the work of the past, and to remember that the men who went before them were interested, not only in £ s. d., but in the real work of their profession.

Dr. C. E. S. FLEMMING (Salisbury) congratulated the Council on its proposal; but he wanted to ask the Chairman of the Science Committee what was intended to be done with the returns when they were received. The former inquiries failed because the returns were merely a collection of bald facts and statistics. If the same thing were to happen again, the full value of the returns would not be obtained. The suggestion had been made—and he thought it a good one—that when the facts had been collected by the Council they should be discussed at meetings of the Branches and at the next Annual Meeting of the Association in the appropriate Section.

Sir EWEN MACLEAN considered that there was no question at all as to the paramount value of such investigations as those now proposed, but he felt bound to say that the returns received by the Puerperal Morbidity Committee in regard to puerperal infection and the diseases and accidents of childbirth were not satisfactory. They were too few, to begin with, and although some of them were of outstanding value, others were not documents from which it was possible to extract any useful information. If in connexion with the new undertaking even a few members in each Divisional area could be induced to undertake the work of investigation or to organize it, not only for themselves but for their colleagues, a promising beginning would have been made. The present would not be the first occasion on which such a resolution had been adopted with some degree of enthusiasm; there had been occasions when subsequently the

enthusiasm had faded and nothing very much had resulted. He hoped that the new start would be a real one, and that it would be possible to collect, by appropriate committees at headquarters, information which the general practitioners of the country alone possessed. He strongly supported the motion.

Dr. HAWTHORNE, in answer to Dr. Flemming, said that steps had already been taken to secure that all the information that was obtained would be collected and presented in a useful form. An assurance had been received from the Ministry of Health that the Association should have the services of one or more experts who were accustomed to deal with statistical returns, experts who would aid in the formulation of proper questions and in the analysis of the answers. In addition to that, Dr. A. P. Luff, who had considerable experience as one of the advisers of the Home Office in years gone by, had been approached, and he had kindly consented to act with the joint subcommittee which would deal with the whole of the matter, and to give his time and his experience in helping the Association. As to the suggestion that the results might be discussed in the Divisions and even in one of the Sections of the Annual Meeting, it struck him as being useful and helpful, and note would be taken of it. No doubt Dr. Douglas would see that what could be done in that direction was done. If the scheme was to be successful, it must not only be carried enthusiastically in the present meeting, but it must be supported by practical work throughout the length and breadth of the country.

The proposals of the Council were approved. This concluded the discussions on the report under "Science," and Dr. Wallace Henry left the chair, which was resumed by Dr. HAWTHORNE.

MEDICO-POLITICAL.

Municipal Maternity Hospitals.

Dr. J. W. BONE (Chairman of the Medico-Political Committee), with regard to a resolution passed at the last Representative Meeting, providing that where a general practitioner is called upon to render assistance at a confinement in a municipal maternity hospital, the local authority shall be responsible to him for his fees until the patient is removed from the hospital, now moved:

> That inasmuch as the liability of local authorities for the payment of a medical practitioner called in on the advice of a midwife extends over a period of four weeks from the birth of the child, it is not desirable to suggest that the period of responsibility of local authorities should be extended.

This was carried.

Dr. R. FORBES (Gateshead) moved to amend the resolution passed last year so that, with the addition of certain words which he proposed, it would read:

> That where a general practitioner is called upon to render assistance at a confinement, *or for any condition arising directly out of parturition*, in a municipal maternity hospital, the fees payable to such practitioner should not be less than the scale of fees approved by the Ministry of Health for the payment of local supervising authorities to medical practitioners called in on the advice of midwives under Section 14 of the Midwives Act, 1918, *but that the time limit of twenty-eight days should be removed and the local supervising authority be responsible for the fees of medical practitioners under a similar scale until such time as the patient is removed from hospital.* [The added words are in italics.]

Dr. Forbes said that under Section 14 of the Midwives Act it was permissible for the local health authority to pay the fees of a doctor for attendance on a patient in a maternity hospital until the twenty-eighth day, but if there was any condition arising out of the confinement which necessitated the patient staying longer than twenty-eight days there was no provision for payment beyond that time. If the patient was in a municipal hospital he considered that she should be looked upon as a charge on the municipal authority; and that until she could be removed to her home and be treated as a private patient the authorities should still be wholly responsible for the fees. If some condition such as phlebitis or pelvic cellulitis, which necessitated a longer stay in hospital, arose it was not reasonable that on the twenty-eighth day the fee to the doctor should cease, and that from that day she should be looked upon as a private patient. Provision for payment should extend over the whole period of stay in hospital.

Dr. BONE said that Gateshead had brought forward two motions under one. Each of the two newly inserted clauses should be taken separately.

Dr. FORBES agreed to the division of his motion into two parts, and the first part, with the insertion of the words "or for any condition arising directly out of parturition" was accepted by Dr. Bone and by the meeting.

With regard to the second insertion, that of the fresh words at the end, Dr. BONE submitted that the resolution just carried on his motion rendered this out of order.

The DEPUTY CHAIRMAN ruled that the addition of these last words to the resolution of last year was out of order in view of the motion just carried.

Dr. R. ST. L. BROCKMAN (Sheffield) moved, with reference to the resolution passed last year setting out the kind of cases for whose institutional treatment the local authority should make provision, a further resolution as follows:

> That in the case of large towns where there is already in existence a voluntary maternity hospital the municipal maternity home should be primarily for normal cases where the home conditions are unsuitable.

He said that he had been asked to bring this forward on the suggestion of the medical officer of health, who had started his local hospital primarily for patients whose home conditions were unsuitable, and had excluded the other types of cases mentioned in last year's resolution—namely, serious cases of ante-natal complications, cases requiring major operations, and cases where isolation and treatment of septic infection were specially indicated—unless in these also the home conditions were unfortunate.

Dr. BONE said that Sheffield suggested a limitation of the resolution passed in 1926. There was no reason why Sheffield or any other place should not limit the use of its hospital if the local conditions appeared to render such a course proper, but if such a limiting motion as Sheffield proposed were passed, other places might be put in a difficulty. He suggested that the amendment be withdrawn, and Dr. BROCKMAN, by permission of the meeting, withdrew it.

Dr. BONE also moved:

> That the principle of remuneration on a salaried basis for consultative services to municipal maternity hospitals is not unreasonable, but that the actual salary must be governed by the circumstances of each particular case (that is, the amount of work required and the time occupied) and should bear some relation to the remuneration laid down in the resolution of the Representative Meeting in 1926, which provides that where a consultant is called in by the practitioner in charge of the case the fee should be for the consultation not less than three guineas, and for a major operation not less than ten guineas.

He said that in some districts it had been found desirable to pay the consultant by salary, and the question to be considered was the basis for payment of such salaried consultants.

This was agreed to.

Administration of Anaesthetics by Dentists.

Dr. BONE moved the following on behalf of the Council:

> That the policy of the Association (as contained in the paragraphs relating to the administration of anaesthetics approved by the Representative Body in 1910, as part of the evidence given on behalf of the Association before the Departmental Committee on Coroners Law, etc.) be amended to read as follows:
>
> 1. That no person other than a registered medical practitioner should administer any anaesthetic for medical or surgical purposes, except that a registered dentist may administer anaesthetics for dental purposes only;
>
> 2. That where a general anaesthetic is administered it is undesirable that any person should act both as operator and administrator in the same case where this can be avoided, but it must be recognized that cases occur in practice, especially in sparsely populated districts, in which this responsibility must occasionally be undertaken.

He said that the old policy, formulated in 1910, set out that dentists might administer nitrous oxide for dental purposes only, and it had been pointed out by the dentists that such a policy was obsolete, and was not a policy which could properly be advanced to-day by the British Medical Association. What was here proposed was an amendment of the old policy.

Dr. C. F. T. SCOTT (Willesden) urged the inadvisability of the Representative Body expressing any additional opinion as to the administration of anaesthetics by dentists. His Division thought the General Medical Council did a wrong thing in allowing registered dentists to receive special instruction and to administer anaesthetics other than nitrous oxide for dental purposes. At the present time dentists were giving anaesthetics very generally. Some dentists were doing nothing else but administering anaesthetics of all kinds for dental purposes only. He had heard that in some country districts dentists administered anaesthetics for general surgical purposes.

Dr. BONE asked whether the meeting would like it to go out after that discussion to-day that they still believed that registered dentists should be permitted to administer nitrous oxide and local dental anaesthetics, but no other anaesthetics. Dentists to-day were trained in the administration of anaesthetics, and many of them were freely administering such for their own dental purposes. This was recognized as a proper practice by the authorities, and surely to-day the British Medical Association could not say to the dental profession that it did not approve. The argument that dentists might become anaesthetists for all purposes was outside the scope of the motion he had proposed.

An amendment by Willesden in the sense of Dr. Scott's speech was lost.

Dr. W. A. M. SWAN (St. Pancras) moved to substitute "nitrous oxide" for "anaesthetics" in the reference to administration for dental purposes. He considered it undesirable that dentists should themselves administer ether or chloroform.

Dr. BONE said that he could not accept this. It would cut out ethyl chloride, which was a common anaesthetic used by dentists.

The amendment was lost.

Dr. H. G. DAIN (Birmingham Central) moved to insert the qualifying words after "dentist," "who has received special instruction in the administration of anaesthetics." His Division thoroughly approved the restatement of policy with regard to anaesthetics, but it felt that the Council had overlooked the fact that since 1920 the *Dentists Register* had been extended to include those persons who were practising dentistry without qualifications, and while it was perfectly true that all newly registered dentists would be instructed in anaesthetics, it was also true that a large number of those at present on the *Dentists Register* had not been so instructed. The position should be made perfectly clear to the public as to the responsibility of any individual who administered anaesthetics.

Dr. W. A. MARRIS (Birmingham Central) also pointed out that dentists themselves had recognized, in the regulations for dental benefit under national health insurance, the differentiation as between those in their profession who were trained and those who were untrained in anaesthetic administration.

Dr. BONE objected to putting the proposed words into the motion. It was no part of the duty of members of the medical profession to separate the sheep from the goats among their confreres, the dentists. That was the dentists' own affair. The resolution should be passed in general terms and applied to dentists as a whole.

Dr. DAIN urged that the present was an interim period. The *Dentists Register* contained the names of thousands of men who had had no training or experience in anaesthetics.

The amendment by Birmingham was carried by a considerable majority.

ELECTIONS.

Before the representatives rose for lunch the MEDICAL SECRETARY announced that Dr. C. O. Hawthorne had been elected, without a contest, Chairman of the Representative Body, and Mr. Bishop Harman, also without a contest, Treasurer. (Applause.)

For the office of Deputy Chairman of the Representative Body there were four candidates—namely, Drs. J. W. Bone, E. K. Le Fleming, Arnold Lyndon, and S. Morton Mackenzie—and the result would be announced later.

The election of twelve members of Council by grouped representatives had resulted as follows:

Dr. G. B. HILLMAN (North of England and Yorkshire).
Dr. I. W. JOHNSON (Lancashire and Cheshire, and North Lancashire and South Westmorland).
Dr. J. R. PRYTHERCH (Birmingham, and North Wales, Shropshire and Mid-Wales, South Wales and Monmouthshire, and Staffordshire).
Mr. E. B. TURNER (Metropolitan Counties—Inner Group).
Dr. W. PATERSON (Metropolitan Counties—Outer Group).
Dr. H. C. BRISTOWE (Bath and Bristol, Dorset and West Hants, Gloucestershire, South-Western, West Somerset, Wiltshire, and Worcestershire and Herefordshire).
Dr. A. LYNDON (Kent, Oxford and Reading, Southern, Surrey, and Sussex).
Dr. G. W. MILLER (Aberdeen, Dundee, Edinburgh, Fife, Northern Counties, and Perth).
Dr. J. PATRICK (Border Counties, Glasgow, and West of Scotland, and Stirling).
Dr. R. C. PEACOCKE (Connaught, Leinster, Munster, and South-Eastern of Ireland).
Dr. J. ARMSTRONG (Ulster).

In the East York and North Lincoln, Cambridge and Huntingdon, Essex, Midland, Norfolk, South Midland, and Suffolk Group there had been a contest which had resulted in a tie. In accordance with standing orders it was necessary to count the number of constituents in the electing groups, and on that basis Mr. A. M. WEBBER was elected with 949 constituents, as against 899 for Dr. D. G. Greenfield.

Dr. HAWTHORNE returned thanks for his election, but said that anyone with the history of that chair in his mind must approach its responsibilities with some degree of trepidation.

Election of Deputy Chairman.

On the resumption of the meeting after lunch, the MEDICAL SECRETARY announced that Dr. Arnold Lyndon had been elected Deputy Chairman of the Representative Body.

MEDICO-POLITICAL (*continued*).

The Administration of Anaesthetics.

The discussion on the motion of the Chairman of the Medico-Political Committee proposing to amend the policy of the Association with regard to the administration of anaesthetics was continued.

Dr. H. G. DAIN (Birmingham) moved a further amendment to the last line of the motion, so that instead of reading "this responsibility must occasionally be undertaken" it read, "this responsibility may justifiably be undertaken." The phrase as it stood did not meet the position of the practitioner who gave an anaesthetic in the later stages of a confinement or of a forceps operation. Cases occurred, especially in sparsely populated districts, in which the responsibility might justifiably be undertaken.

Dr. BONE accepted the amendment, which was agreed to.

Dr. J. T. D'EWART moved to omit the words "especially in sparsely populated districts" and Dr. PETER MACDONALD seconded. Dr. BONE said the question of single-handed anaesthetic administration arose more frequently in sparsely populated districts than in those densely populated, but as leaving out the words would not affect the proposition he had no objection to their omission.

The amendment was carried.

Dr. TEMPLE GREY (Marylebone) proposed that the amended recommendation be referred back to Council. It did not suffice to be specially trained in the administration of anaesthetics; it was necessary to know how to treat a case when something went wrong. In the case of a fatality under an anaesthetic the only person who would be in a reasonable position before a coroner was a duly qualified medical man. Referring to the first part of the resolution, he said the Association had no concern with deciding what dentists had to do.

Dr. E. A. STARLING (Tunbridge Wells) seconded the reference back, which was not carried.

The CHAIRMAN then put the motion as revised—namely:

1. That no person other than a registered medical practitioner should administer any anaesthetic for medical or surgical purposes, except that a registered dentist, who has received special instruction in the administration of anaesthetics, may administer anaesthetics for dental purposes only.

2. That where a general anaesthetic is administered it is undesirable that any person should act both as operator and

administrator in the same case where this can be avoided, but it must be recognized that cases occur in practice in which this responsibility may justifiably be undertaken.

The motion was carried by the necessary two-thirds majority to make it the policy of the Association.

Anaesthetics in Connexion with Dental Benefit.

Dr. BONE moved as a recommendation of Council:

> That the fees for medical practitioners administering anaesthetics for dental operations (as an additional benefit under the National Health Insurance Acts) be as follows: (*a*) For the simple administration of nitrous oxide or a similar anaesthetic, 10s. 6d. if only one patient is dealt with, but if more than one patient is dealt with at the same time and place the fee should be 7s. 6d. per patient; and (*b*) that for other administrations, whatever the anaesthetic, the fee should be one guinea.

Mr. MCADAM ECCLES asked for an explanation of the words "simple administration." Dr. BONE said they were used in comparison with a prolonged nitrous oxide anaesthesia.

Dr. J. B. WILLIAMSON (South Shields and Tyneside) moved to amend the recommendation by the insertion of the word "minimum" ["minimum fees"]. He said Dr. Bone assured him this could not be done, but his Division instructed him to move the amendment, and as it was "a very little one" he moved it. (Laughter.) Dr. BONE said they were hoping to get the Ministry of Health to adopt this scale, and there must be definite fees for certain services. The amendment was lost.

Dr. NEVILLE CROWE (Worcester) moved to amend the recommendation by making the fee for administration of an anaesthetic in all cases one guinea. Personally he did not agree that a guinea should be given in every case, but that was the amendment he was instructed to move.

Dr. BONE did not think there were many optimists who thought there was a chance of getting more than half a guinea from the Ministry of Health for a simple gas administration.

The amendment was lost.

Dr. J. MACKINNON (Sheffield) also moved to amend the recommendation by making the fee for the administration of nitrous oxide or similar anaesthetic half a guinea in all cases. He said there was some feeling in his Division that a fee of 10s. 6d. was too low, and they certainly thought it should not be reduced to 7s. 6d., chiefly because fees for the administration of anaesthetics were not fixed on a time basis but on a basis of responsibility. The responsibility did not get less according to the number of cases in which an anaesthetic was given.

Dr. BONE said Sheffield had raised a practical point, but it was a point to which great attention had been given in committee, and eventually it had been decided that it would be better to make a reduction to a person "taking a quantity." It was a principle which had been adopted on many occasions. Evidence had been received from men who were in the habit of giving anaesthetics for dental purposes to the effect that they were quite satisfied to accept a fee of 7s. 6d. They had stated that perhaps the whole morning was occupied in giving anaesthetics for dental purposes, and that their remuneration for all the morning's work was satisfactory to them at the 7s. 6d. rate. When men of certain standing who were doing that sort of work were satisfied with the rate of pay, the committee naturally hesitated to suggest anything higher.

The amendment was lost by 52 votes against 47.

Mr. MCADAM ECCLES (Council) moved the deletion of the word "simple" from the motion ["the simple administration of nitrous oxide"]. All who had given nitrous oxide were aware that it might be simple administration or it might not be.

Dr. BAILDON seconded the amendment.

Dr. J. LIVINGSTON (Furness) said that the amendment would completely alter the intention of the motion. For a simple administration of nitrous oxide a fee of 10s. 6d. was suggested, but where other administrations, whatever the anaesthetic, including nitrous oxide, were given, the fee was going to be a guinea. Now the position arose that for an administration of nitrous oxide, whether it was short or long, simple or complicated, a practitioner was only going to get 10s. 6d. for one case, and if more than one, 7s. 6d. If he might suggest it to Mr. Eccles, the addition of the word "short" would have put the matter right, but by leaving out the word "simple" the whole intention of the motion was altered.

Dr. BONE agreed with Dr. Livingston. The omission of the word "simple" would alter the whole meaning of the motion, and would reduce the fees payable to practitioners for all long administrations of nitrous oxide; and, more important still, he would direct attention to the other words "or a similar anaesthetic." "Similar anaesthetic" particularly applied to ethyl chloride, which was an anaesthetic commonly used by dentists. The simple administration of ethyl chloride was a matter of seconds, but ethyl chloride might be given continuously by the open method of administration, and the administration might be prolonged almost indefinitely. That second kind of administration of ethyl chloride they would consider to be not a simple administration, and they would expect to get the fee of a guinea for it. The effect of the amendment, however, would be that such administration would come under the 10s. 6d. or the 7s. 6d. fee, which would not be at all a satisfactory fee for such administration.

The amendment was lost.

The recommendation of Council was then put and carried by a substantial majority.

Payment for Ante-natal Work.

Dr. BONE next moved, as a recommendation of Council, relating to a resolution passed last year:

> That it is inadvisable to press for the amendment of the Midwives Act, 1918, in order to secure that local authorities be made responsible for ante-natal work to any greater extent than is at present the case.

He said that last year the Representative Meeting instructed the Council to consider the advisability of pressing for the amendment of the Act in order to secure that local authorities should be responsible for payment for ante-natal work. The recommendation of the Council needed a little explanation. At present every insurance practitioner was responsible, as part of his contract, for ante-natal work for such of his patients, being women, as were insured persons. Therefore that group was already adequately dealt with. Another group of women was dealt with by way of ante-natal clinics, and the remaining women who needed ante-natal treatment were dealt with under the ordinary conditions of private practice, or under the Poor Law. The Council did not think it would be wise to attempt to get any modification of the Midwives Act that would secure a fresh form of treatment paid for by the local authorities for doing ante-natal work. He would wait for further discussion before developing any arguments in favour of the recommendation.

Dr. M. W. RENTON (Dartford) said he had been instructed by his Division to put it to the Representative Body that the motion be referred to the Council with an instruction to consider the Midwives Act of 1918 in the interests of all concerned in ante-natal work, especially in relation to the responsibilities of the general practitioner. His Division was disappointed that the Council did not take the opportunity of the instruction of the Representative Body last year to go fully into the troubles of the general practitioner in relation to ante-natal work, and was rather concerned at the present somewhat negative motion regarding the Midwives Act. Those he represented were not specially interested in the second part of the motion, because they felt, in their part of the world, that local authorities should not be given any greater responsibilities than they had at present; they were taking far too much responsibility upon themselves. His Division was now fighting it very hard though not contentiously, and was making preparations to enable the general practitioner to take up the work. It had had clinics, papers read by gynaecologists, and conferences with the county authorities. The county medical officer of health was in sympathy with their requirements and demands, but suggested that he could not do anything until the Midwives Act, 1918, was amended in some way. What was happening was that the ante-natal work at present was

being done by a whole-time outside practitioner, in addition to which the county authorities were educating midwives to do practically the whole of the work which ought to be done by the general practitioner. His Division claimed that it was most difficult for the general practitioner to carry out his duties in emergency midwifery work if he was not given an opportunity of coming in very early in the preventive work which he could do in ante-natal matters. They felt, therefore, that it was unfortunate that the Council should put the motion forward as if the Midwives Act did not require amending. Another source of legitimate work was being cut away from the general practitioner. The Council would do well to investigate the whole of ante-natal work in relation to the general practitioner. It would be a pity for the recommendation to go forward, as then it would look as though the British Medical Association were contented with the Midwives Act, or that it was powerless. He hoped it would be referred back to the Council so that they might go into the whole of the difficulties of the general practitioner in regard to the matter.

Dr. C. E. S. FLEMMING (Salisbury) supported the amendment. He considered that if there was one point in which the general practitioner required protection it was in regard to the question of ante-natal examination, and, if necessary, treatment. He hoped the Council would consider this very carefully. The amount of work proposed to be done by local authorities through their health visitors was, he thought, more than was generally recognized. The form of report by the health visitor was really ridiculous. The questions the health visitor was expected to answer included, for example, questions about pelvic measurements. The only remedy he could see at present was for the general practitioner himself to do the work, whether he was asked to do it or not. Medical men ought to do everything they could to keep the matter in their own hands.

Dr. H. M. RAVEN (Isle of Thanet) also supported the amendment. In Kent, he said, all the midwives were being sent for to the central town of the district, where they were to be trained in ante-natal work on a three days' course.

Mr. H. M. STRATFORD (Kensington) thought that there was now an opportunity for general practitioners to keep a very important part of medical practice in their own hands. If it was allowed to slip into the hands of whole-time officials and nurses, gradually the whole midwifery practice would be done by these latter people.

Dr. J. MIDDLETON MARTIN (Gloucester) said that ante-natal work would be one of the most important branches of medical work in the future, and doctors ought to do everything they possibly could to develop it. The persons in whose hands it lay most effectively were the general medical practitioners. He would not for a moment oppose the reference back of the motion to the Council, although he did not know that there was much to be gained by that course; but he thought it most important that the Council should have the matter constantly in mind.

Dr. BONE said that he should be quite content to support a reference back to the Council of the whole question of ante-natal treatment and the method of carrying out ante-natal treatment *qua* the private practitioner. What was wanted was a thorough inquiry into the methods by which women might get the proper ante-natal treatment which they ought to have, and which it was the duty of the medical profession to give them. It was necessary to find out how the private practitioner might be best used to secure such treatment. He suggested to Dr. Renton that his amendment should ask the Council to consider the whole question of ante-natal treatment and the best way in which it might be carried out by the private practitioner.

Dr. RENTON said he was willing to accept this suggestion.

Sir EWEN MACLEAN thought that the word "financially" should be inserted in the resolution before the word "responsible."

Dr. RENTON asked whether his amendment could be put as a separate motion. The CHAIRMAN ruled that it could be moved as an amendment to the motion that the remainder of the Report of the Medico-Political Committee be approved, but that it could not now be moved as a separate motion.

With the leave of the meeting, Dr. RENTON withdrew his amendment on the understanding that he would be able to propose it at the stage indicated by the Chairman.

The motion as moved by Dr. Bone was then agreed to.

Orthopaedic Treatment.

Dr. BONE moved on behalf of the Council:

> That the specialist work of orthopaedic treatment, whether at hospitals or clinics, should not be done by whole-time officers, but, on a part-time basis, by surgeons who need not necessarily be devoting all their attention to orthopaedic work.

He pointed out that these orthopaedic clinics were springing up in the country, and in many instances the general practitioner was being completely shut out from taking any share whatever in orthopaedic work. The Council had produced a very elaborate report on the subject, which appeared as an appendix to the Annual Report of Council, and he commended it strongly to the notice of the representatives. It was on the basis of that memorandum that certain motions which the Council was bringing before the Representative Body that day had been framed. The basic principle of these motions was that the general practitioner should be allowed to take an important part in orthopaedic treatment in these hospitals and clinics. This first recommendation brought orthopaedic work into line with the Association's policy in other directions.

Dr. F. J. HATHAWAY (Windsor) moved to amend the recommendation so that it would read:

> That orthopaedic treatment, whether at hospitals or clinics, should be undertaken by those who have special knowledge of the subject; and, as the needs of the patient to receive the most experienced handling are paramount, no restrictions should be placed on the appointment of full-time officers.

His Division considered that orthopaedic treatment should be undertaken by those who had special knowledge, and that no restriction should be placed on the appointment of full-time officers. Orthopaedics was highly skilled work and not a work of emergency. Tendon transplantation in infantile paralysis, for example, should be carried out by an orthopaedic surgeon. Mr. Girdlestone of Oxford was attached to their hospital at Windsor, and came once a month to see each orthopaedic case—it was not necessary for him to come oftener—and every week he had a clinic to which he sent his assistant and his head nurse. Why should hospitals not be allowed to have the best advice they could get?

Dr. HENRIETTA JEBENS (Lambeth and Southwark) supported the amendment. Her Division was unanimously of opinion that orthopaedic work was specialist work, and could not be adequately performed except by those who were doing orthopaedics and nothing but orthopaedics.

Dr. G. F. OLDERSHAW (Liverpool) also spoke in favour of the Windsor amendment. He would be sorry to see the official policy of the Association take the direction indicated in the Council's recommendation.

Dr. E. R. FOTHERGILL (Brighton) said that there were one or two fallacies in the Windsor amendment. Nobody denied that the interests of the patient were paramount; but when policies had to be settled two points had to be considered—the interest of the patient and the interest of the doctor. It might be in the interest of the patient that the specialist alone should see him—though he questioned it—but it was certainly not in the interest of the general practitioner. The medical student of to-day who was joining the ranks of general practice was more competent to do this class of work than the general practitioner of an older generation, and if all this work was going to be relegated to a whole-time service where was the coming practitioner to get his experience? The dangers of these schemes for orthopaedic treatment, as was pointed out in the appendix, were (1) the establishment of yet another segregated public health service, (2) the withdrawal of a large number of cases of a special type from hospitals in which medical education was carried on, and (3) the ignoring of the general practitioner altogether, or his perfunctory use in connexion with the work. Was it to the interest of the patient that these three conditions should exist? They would come about if specialist intrusion on private medical practice were unchecked and if watertight compartments in medicine continued to be made. The general practitioner would cease to exist. On the other

hand, a specialist who dealt with nothing but his own specialism was of no use in comparison with the general practitioner.

Dr. R. G. GORDON (Bath) also spoke in favour of the motion and against the Windsor amendment. They had to distinguish, he said, between theory and practice. What actually happened in practice was that if whole-time officials were appointed, especially to clinics, the general practitioner in the district was very apt to lose his interest in cripple cases, and anyone who was crippled or who seemed to be suffering from anything like an orthopaedic condition was sent to the clinic. The whole-time specialist looked upon these cases with a "single eye," and one constantly found that these children were brought up and treated as orthopaedic cases only, with no consideration for other conditions. Therefore it was essential that the general practitioner should be brought into the scheme as much as possible, so that he could check the work of the whole-time specialist, if it was absolutely necessary that such a person should be appointed.

Mr. MCADAM ECCLES (Council) described himself as a general surgeon who had perforce to take orthopaedic cases. Orthopaedic surgery seemed to have got into a very anomalous position, because there was a considerable difference of opinion as to what particular class of cases did not fall within its limits. A great deal of glamour had been thrown over the question of orthopaedic surgery. It was not such a wide specialism as it was now made out to be; but he was quite convinced that in the proper treatment of early orthopaedic cases it was essential that there should be co-ordinated work. The people who should be co-ordinated were (1) the general practitioner first and foremost; (2) the specialist, who understood a good deal about anatomy as well as about operative treatment; (3) the mother or nurse of the child; and (4), by no means least important, the child himself. In these orthopaedic centres or clinics all this could be done. Therefore he felt that a whole-time orthopaedic surgeon was wanted—whole-time in the sense that he was doing orthopaedic surgery as a specialty; but there must also be the general practitioner, and there must be co-ordinated work with those in domestic charge of the child. He was in favour of the motion, with the proviso that there should be specialist orthopaedic surgery.

Dr. S. C. DYKE (South Staffordshire) supported the Windsor amendment. Orthopaedic surgery demanded such a specialized technique as hardly to fall within the province of the general surgeon at the present time; but it was to be hoped there would be the closest co-operation between the orthopaedic surgeon and the patient's own doctor.

Dr. BONE said the point of the motion was that they should train up men in each locality who were capable of doing the work on a part-time basis, and that it should not be put in the hands of whole-time specialists who were flying about the country in motor cars and lived miles away from the area in which the work was done.

Dr. HATHAWAY, replying, said that sentiment did not enter into the question, which was, "What is the right thing to do, not only for the patient, but for the profession?" The general practitioner could always see his cases at the clinic and, if he wished, attend to them. Mr. McAdam Eccles struck the nail on the head when he spoke of co-ordinating the work. It should be the aim of the British Medical Association to co-ordinate every branch, from the general practitioner to the specialist. No general practitioner could keep up to date in every branch; they must have specialists. It was best, not only for the profession, but for the general public.

The Windsor amendment was lost by a large majority.

Sir RICHARD LUCE said that to pass a recommendation so general and sweeping as that proposed by Dr. Bone seemed to him to be dangerous. Advance in surgery was due to a certain amount of specialization, though it was not necessary for all the work along any particular line to be done by specialists. To say that whole-time officers should not have the opportunity of using their skill in orthopaedic work would not be to the advantage of surgery.

The DEPUTY CHAIRMAN, in reply to a question whether "surgeons" in the resolution meant "operating surgeons," declined to be an interpreter of terms, but said that if as a private individual he were asked what he meant by "surgeon" he would say "a qualified medical practitioner who practised surgery."

Mr. E. W. G. MASTERMAN (Camberwell) thought there was a general feeling that the motion went a little too far, and he proposed an amendment (which was seconded from more than one place in the meeting) whereby it would read:

> That the specialist work of orthopaedic treatment, whether at hospitals or clinics, should not usually be done by whole-time officers, but may be undertaken, on a part-time basis, by surgeons who need not necessarily be devoting all their attention to orthopaedic work.

Mr. H. S. SOUTTAR (Council) hoped the motion would not be watered down by the passing of the amendment. The meeting should understand clearly that they were gradually coming to a definite pass in practice. Was practice going to be carried out in general by whole-time men or by men who were in general work? There was a strong tendency at present—partly with a view to economy and partly because they hoped to obtain greater efficiency (as he thought wrongly)—towards the employment of whole-time men in the strict sense of the word. Personally he thought it was a mistake. The man who was engaged in a general practice, whether he were a surgical specialist, a physician, or what was commonly known as a general practitioner, could deal with any specialty which he chose to take up in a far better way than could the man who was simply employed as a whole-time man on one job. He could take a much broader view of the whole subject; he came into more intimate contact with a larger body of people; he was not simply confined within the four walls of one small subject; and he did better work. Therefore, Mr. Souttar objected very strongly to the Windsor amendment, which suggested that it was against the interests of the patient that the general practitioner should be employed. One or two of those who had been mentioned as excellent orthopaedic surgeons, personal friends of his own, were by no means whole-time men. They were engaged in orthopaedics as a specialty, but they were not, within the meaning of the phrase used, whole-time officers. They were engaged in orthopaedics as their whole specialty perhaps, but that was a very different matter from being a whole-time paid officer of some concern. He hoped the representatives would take a strong line against limiting work to the whole-time men, whether it was in orthopaedics, in pathology, or in any other subject. The matter should be left open to the widest possible field. Though there was a group of very eminent men who were devoting the whole of their time to orthopaedic surgery, the vast mass of orthopaedic surgery in this country was being done, and being done very well, by general surgeons. He hoped the motion would be passed in its original form.

The amendment by Mr. Masterman was then put and lost.

A REPRESENTATIVE asked if the motion as it now stood prohibited Mr. Masterman, who was a whole-time officer, from ever touching an orthopaedic case. The DEPUTY CHAIRMAN replied that that was a question for Mr. Masterman; it certainly did not concern him as chairman.

Dr. HENRIETTA JEBENS moved the omission of the words after the word "basis." Her Division felt that an orthopaedic clinic run by a man who possibly was doing general work all the week and spent half a day or some such time doing orthopaedic work was "not good enough." The orthopaedic work should be really first rate, and the results could without doubt be immeasurably improved if the work was done by people engaged in the particular branch of surgery concerned.

This amendment was not seconded, and therefore fell to the ground.

The motion proposed by Dr. Bone as it originally stood was carried.

Dr. BONE next moved "That existing local institutions should be utilized to their fullest extent," and this motion was adopted.

Dr. BONE further moved:

> That the private practitioner should have free access to the work at hospitals and clinics for the purposes of observation and training, and that his services should be fully utilized by giving him a definite position in the scheme, both at the clinic and in the domiciliary care of cases.

In answer to a question with reference to the meaning of the words "free access," Dr. Bone said that, as the Chairman had already remarked, the words must have a little common sense read into them. They meant that every practitioner should have reasonably free access to every clinic and every patient. They meant something more than that practitioners should have access to see, and consult about, their own patients.

Dr. H. M. RAVEN (Thanet) said that in Kent there was not free access. The county council had a scheme run by a specialist, who consulted at the hospitals and managed the clinics, but would very soon be overpressed with the work at the clinics, and, as it was, he left a good deal of the work to nurses, masseurs, and such people. The medical men in Kent were tied up, and they did not quite know how they were going to fight the matter; but his Division had suggested to its members that any of those practitioners who felt keen on orthopaedics should send in their names and that they should be offered to the county council as clinical assistants. They realized that not all general practitioners were capable of taking on, or willing to take on, all the orthopaedic work of the county council; but at the same time there were people who were quite capable and who should take part in that work. Divisions might very well get together those people who were keen and offer them as clinical assistants in connexion with those county schemes which were at present run on a whole-time basis.

Dr. LEWYS-LLOYD (Council) dissented from the definition of "free access" given by the Chairman of the Medico-Political Committee. The difficulty involved was not a hypothetical one. Surgeons were very chary of discussing a case with another practitioner when they knew that the practitioner in charge of the case was in the room. There ought to be a very authoritative definition of "free access" given so that representatives would be able to advise the members of their Divisions when they returned to their constituencies.

The motion was carried.

The final recommendation of Council, moved by Dr. BONE, was as follows:

> That the arrangements laid down in the British Medical Association's scheme for school children and maternity and child welfare clinics should apply equally in regard to orthopaedic clinics (vide *Handbook*, p. 192).

He said this meant so far as the arrangements were applicable.

Dr. H. D. WOODROFFE (East Norfolk) moved to add the following words to the recommendation:

> "but that efforts should be made to secure that a more stringent scrutiny be exercised in deciding which cases are, or are not, necessitous than has been done under comparable schemes for medical examination and treatment by education authorities."

He said his Division felt that the conduct of the various clinics run by local education authorities should be tightened up. There was a tendency for school medical officers to send cases direct to the general hospitals without consulting or notifying the patient's family doctor. Also, in rural districts parents sent their children to elementary schools only because there were no others. Many of them could afford and would be willing to pay for private treatment, but all cases were lumped together by the education medical authorities as people who could not afford to pay for treatment and were told to go to the hospital. That was victimization of the general practitioner and possibly even more so of the honorary staff of hospitals.

Dr. E. R. FOTHERGILL submitted that the words proposed to be added were really a rider to the motion.

The DEPUTY CHAIRMAN ruled that they were an amendment and were in order.

Dr. BONE said he had no special objection to steps being taken to do what was suggested by the additional words, though they were hardly the sort of words to add to a formal motion.

The amendment was carried, and also the motion as amended.

MEDICAL OFFICERS OF PUBLIC SCHOOLS.

A series of recommendations were next moved by Dr. BONE relating to the conditions of remuneration and employment of medical officers of public schools. The memorandum and consequent recommendations relating both to whole-time and part-time officers appeared in the Annual Report of Council (SUPPLEMENT, April 23rd, p. 149).

By such recommendations, he said, the Association was leaving its ordinary routine detailed work and opening up a wholly new class of work. The Association had been asked by some of the representatives of the whole-time medical officers of public schools to consider the question of establishing such a policy, and that request had been met by the formation of a subcommittee of the Medico-Political Committee, called the Medical Officers of Public Schools' Subcommittee, which had elaborated a policy and had submitted it to the Council. After emendation by the Council, the policy was now submitted to the Representative Body. The first motion, to the effect that the whole-time medical officer of a public school should be appointed by, be directly responsible to, and have direct access to, the governing body of the school was perhaps the most important of the whole number; at any rate it was the motion to which, he believed, the greatest importance was attached by the group of medical officers concerned.

Dr. PETER MACDONALD moved the reference back of all the recommendations, on the ground that he desired the conditions which were implied in the series of motions to have a chance of being workable. There had been no preliminary discussion with the headmasters of public schools or with the governing bodies. What would happen if the meeting passed the motions and held them up as a sort of pistol to the school authorities and to the headmasters? He felt certain that the headmasters and governing bodies would have nothing to do with the matter, and that both the medical officers of public schools and the British Medical Association would run the risk, to use an Old Testament term, of being told to "go to." He thought a proper preliminary would be to get into touch with the headmasters by means of the headmasters' conferences, learn what they had to say about the policy, and get into liaison in that way. There could not be any urgency about the matter.

Mr. E. W. G. MASTERMAN seconded the amendment.

Dr. BONE said he quite agreed that sooner or later consultations must take place with other bodies, but surely there was time enough for consultation when the representatives had decided among themselves what they wanted. He suggested that Dr. Macdonald's motion should properly come after the meeting had learned something about the proposals—namely, at the end of the series of motions referring to public schools. It would not be wise to confer with the headmasters until the meeting had agreed to a policy.

Mr. E. B. TURNER (Kensington) hoped the meeting would not carry the amendment to refer back. The matter was one which had been brought before the Association as a very urgent demand. It had been remitted to a committee consisting of picked men, together with men who knew a great deal about, and had a good deal to do with, the management and the amenities of public schools. The matter had been thoroughly thrashed out by that committee, and had been submitted again to the Medico-Political Committee, which had sifted it thoroughly; it had then gone before the Council, which again had thoroughly resifted and reconsidered it, and had finally passed it for consideration by the Representative Body. He associated himself with every word Dr. Bone had said about the inadvisability of referring the matter back before the meeting had considered it—before, even, it was known whether the meeting had any policy in the matter, whether it wished to lay down a policy, or whether it desired to interfere at all in the matter.

Sir JENNER VERRALL, who was received with cheers, entirely supported the view that the representatives should proceed to discuss the matter and not refer it back. If a conference at the present stage was sought with the head-

masters, they would say, "What is this matter which you are bringing before us?" and they would have to be told that when the question, in a consecutive series of well discussed and considered motions, had been brought before the Representative Meeting, that meeting had been afraid to crystallize its views until the views of the headmasters had been heard. In his opinion it was necessary to go to the headmasters and the governing bodies and to say to them, "These are the distinct views of the Representative Meeting."

Dr. F. RADCLIFFE (Oldham) asked the meeting to consider one point. If it discussed the matter at once and decided upon it, it would probably decide by a bare majority. If, after that, the Association went to the headmasters and to the governing bodies, it would require a two-thirds majority before it could change its views. The representatives were handicapping themselves considerably by deciding upon anything at the moment before they knew what the other side would want, because they would be putting themselves in the awkward position that they could not reverse their policy, even if they thought it necessary, without a very much bigger majority than they could get now.

Dr. FOTHERGILL (Brighton) asked if it was a fact that if now the meeting adopted the motion it necessarily involved a policy?

The DEPUTY CHAIRMAN replied that unless the motion was carried by a two-thirds majority it would not have the status of a declared policy of the Association. It might be expressed as the opinion of the meeting, but not as a declared policy of the Association.

Dr. F. W. GOODBODY (Marylebone) desired to ask Dr. Radcliffe one question. If the representatives followed Dr. Peter Macdonald's proposal, on what were they going to the headmasters? They could only go to them on a decision of the Council, and they could not give them the slightest authorization to think that the Representative Body would not turn down the results of the conferences. It would be wise for the meeting to formulate some kind of policy which could be discussed with the headmasters and governing bodies.

Dr. H. M. RAVEN (Thanet) said he had not heard mentioned the Medical Officers of Schools' Association, which had sent up the matter for the consideration of the meeting. Could not the meeting give the proposals general approval? No doubt the medical officers had already discussed the matter with their headmasters to a certain extent.

The CHAIRMAN OF COUNCIL said that there was here a new departure—and he believed a useful departure—in regard to health policy, and it was essential that it should be launched under the best possible auspices. In his short experience of the Association he had seen two or three admirable decisions in regard to policy seriously prejudiced by the fact that the meeting had passed resolutions (they had been decisions of the Representative Body), and the first knowledge received by the people who had had to pay the bill and suffer such consequences as might accrue, was through the launching of the information in the public press. That had produced a feeling of resentment on more than one occasion, and had created an unfavourable atmosphere, and sometimes a passive or even a very active resistance which had postponed for a long period what might have come into operation in a very short time if the matter had been dealt with in a different way. He wanted members to discover a method by which they could discuss the propositions and alter them if necessary, and not tie their hands by making the decisions operative decisions until they had had the opportunity at the end of the discussion, of deciding whether they would remit to the Council the task of obtaining the opinions of headmasters, and, it might be, of parents and of governing bodies, before the proposals were put into their ultimate form. He was sure that along those lines lay the true path of statesmanship in regard to a project which they all had at heart.

After some private conference,

The DEPUTY CHAIRMAN said that the position had been considered at the table, and the simplest way out of the difficulty would seem to be to ask the press not to report the discussion. The matter was in a tentative state and was not yet in a very definitely formal position. What was wanted was to get the opinion of the representatives broadly upon the different propositions. After that opinion had once been declared, the whole matter might, if the representatives so decreed, go back to the Council, and the Council would conduct any negotiations with the advantage of having had an expression of the opinion of the Representative Body, such opinion not being declared as the formal policy of the Association. In conclusion, he asked whether the meeting would authorize him to invite the press to recognize the position which he had just stated and to abstain from making public the discussion upon the matter.

It was decided that the general press should be requested not to report the discussion.

Dr. RADCLIFFE asked how the Representative Meeting could pass a resolution upon a matter, in regard to which two months' notice had been given in the JOURNAL, without its becoming the policy of the Association.

The DEPUTY CHAIRMAN replied that it could do so by abstaining from carrying it by a two-thirds majority. The meeting, he was sure, would be able to devise some means of protecting itself from restricting its liberty in future. He would take the responsibility of seeing that that was done.

Dr. FOTHERGILL drew attention to Article 33, and said that under it, if the Representative Meeting did not go into committee, if it adopted a resolution that resolution would *ipso facto* become the decision of the Association. He therefore urged that the meeting should go into committee.

Dr. MORTON MACKENZIE then proposed, and Dr. WALLACE HENRY seconded, that the meeting should go into committee.

The CHAIRMAN OF COUNCIL thought that the proposition was a very excellent way of dealing with the situation; but he considered that one safeguard should be set up—namely, that the rules of debate and procedure should be those of the standing orders and not those of an ordinary committee.

Dr. PETER MACDONALD said that he had not wished in any way to burke discussion upon the proposals, which he considered to be very excellent, but he wished them to be considered in the best atmosphere. He was quite willing to withdraw his resolution, on the understanding that at the end of the discussion it would be competent for himself or someone else to move that the matter be referred to the Council.

Proceedings in Committee.

The Representative Meeting then agreed to go into committee, and the representatives of the lay press withdrew.

Dr. BONE moved afresh the motion that the whole-time medical officer of a public school should be appointed by, be directly responsible to, and have direct access to the governing body of the school. He said that, in drawing up this and subsequent recommendations the Medical Officers of Schools' Association had been consulted, and representatives of school medical officers were on the committee which originally formulated the proposals. This first recommendation, which was very important, challenged at once the methods of election and of responsibility which were at present in vogue, at all events in some of the public schools.

The recommendation was supported by Dr. E. K. LE FLEMING, who spoke from his own experience as a part-time officer.

The recommendation was carried unanimously and without further discussion, as were other recommendations—namely, that the medical officer should be a medical practitioner who had had experience in practice, including experience in special branches of medical work, that the possession of a qualification in public health work would be an additional advantage; that the minimum commencing salary for a maximum of 500 resident pupils should be £600 a year, *plus* £1 per head per annum for

each resident pupil in excess of 500; and that, in addition, the medical officer should be provided by the school authorities with a suitable house or an adequate allowance in lieu thereof; that the initial salary should be subject to periodical increments, to be determined between the officer and the governing body at the time of appointment, and that the medical officer should not be responsible, during the intervals between school terms, for any medical attendance given to pupils other than those remaining at the school owing to illness. Dr. BONE remarked, in moving this last, that present practice and custom had to be considered.

The next recommendation set out the list of duties of a whole-time medical officer of a public school. The list appeared in Paragraph 131 of the Annual Report of Council (SUPPLEMENT, April 23rd). Dr. BONE said that the list had been arranged with great deliberation and had been subjected to much criticism before appearing in its final form.

Dr. MIDDLETON MARTIN asked whether there was a distinction between new pupils and resident pupils, for he noted that the first duties were "examination of all new pupils on admission to the school," and "periodical examination of resident pupils."

Dr. F. W. GOODBODY, a member of the committee which had formulated the proposals, said that the committee considered that all boys entering the school should be examined for games, but that periodical examination should be limited to resident pupils. If periodical examination of day-boys were done the result would be to take them out of the care of their ordinary family doctor.

Dr. MIDDLETON MARTIN moved that periodical examination should apply to all pupils, day or resident.

The time of adjournment (6.30 p.m.) having arrived, the discussion was left at this point, it being understood that the matter would be resumed as first business, still in committee, on Monday morning.

Monday, July 18th.

The chair was taken at 10.15 a.m. by Dr. BRACKENBURY, who was welcomed back after his brief illness with long-continued applause. In reply to the greeting he said how sorry he had been to cause any interrruption of the ordinary course of business of the Representative Body, and how much he appreciated all the kind inquiries and expressions of sympathy he had received.

WHOLE-TIME MEDICAL OFFICERS OF PUBLIC SCHOOLS.

The Representative Meeting immediately went into committee to consider the remainder of the report on medical officers of public schools, and the representatives of the lay press withdrew.

Dr. MIDDLETON MARTIN moved the amendment, of which he had given notice at the previous sitting, with regard to the duties of the whole-time medical officer of a public school. The recommendation of Council was that these duties should include "examination of all new pupils on admission to the school," and "periodical examination of resident pupils." Dr. Martin's amendment was that the word "resident" should be replaced by the word "all." Dr. Martin said that the object of the examinations was to detect conditions at an early stage, and there was as much reason for the examination of non-resident as of resident pupils. Mentioning concrete instances, he said that a young girl known to him was a day pupil at one of the large public schools, and only in the course of the second examination was it found that her eyes were weak and that she needed glasses. Exactly the same thing happened with another girl at the same school. The nephew of a representative present would have taken part in a strenuous rowing race if he had not been re-examined.

Dr. BONE said the committee had adopted the policy framed in the motion after very careful consideration. Some schools consisted mainly or almost entirely of resident pupils, but a school might have few resident and a very large number of day pupils. The latter would be attended by their own doctors. The committee decided that it would be quite wrong to take away from the private practitioner the duty of looking after his own patients. The point of policy involved had often been considered by the Association in other connexions and it had always decided that the private doctor should not be disturbed.

Dr. MARTIN said, in reply, that the committee's argument applied equally to re-examinations and examinations. The amendment did not relate to treatment. Cases of eye defect detected by the examining doctor would be referred to the usual medical attendant.

The amendment was lost by a narrow majority.

Dr. COWELL (Croydon) proposed that "re-examination" be substituted for "examination," and that "keeping of medical records of resident pupils" should follow immediately, instead of appearing further down in the list of duties.

Dr. BONE thought there was no sufficient reason for changing "examination" to "re-examination," and he preferred that the phrase about keeping records should remain where it was.

The amendment was lost.

Dr. G. W. MILLER (Dundee) moved that the recommendation setting out the duties of the whole-time officer should be amended by the deletion of the words "dispensing of medicine, but not the provision of drugs." He said that it was fifty years since the dispensing of medicines ceased to be part of the routine duty of medical practitioners in Dundee and many other parts of Scotland. There should be no occasion for it if a qualified pharmacist was anywhere available. Emergency dispensing was in a different category. Furthermore, such dispensing was no part of the duty of an insurance practitioner.

Dr. BONE replied that it was the custom in public schools for the medical officers to dispense. For the most part the schools were isolated and no qualified pharmacist was available. He saw no reason why the Association should suggest an alteration of a duty which was customary and to which none of those who were performing it raised any objection. They were not dealing with insurance practitioners.

Dr. MILLER added that if a qualified dispenser was not available there was no objection to the medical officer dispensing, and it was not necessary to specify it as one of his routine duties.

The amendment was lost, and the recommendation setting out what the duties should include was then agreed to, as were further recommendations setting out the duties which should not be demanded, and the requirement that a whole-time officer should not be allowed to enter into private practice or undertake consultative work outside the school community, but that he might make certain private arrangements for attendance on masters and their families and on school servants. It was also agreed that in the case of a preparatory or junior branch school under the same governing body as the principal school it should be open to the medical officer to the principal school to act as medical officer to such preparatory or junior branch, though not to such a school which was not under the same governing body.

PART-TIME MEDICAL OFFICERS OF PUBLIC SCHOOLS.

The meeting then turned to the consideration of the part-time officer. On the motion of Dr. BONE it was agreed that a part-time medical officer should be appointed by, be directly responsible to, and have direct access to the governing body of the school. He next proposed that the usual duties of such a school medical officer should include attendance on sick resident pupils, reports to masters on such pupils, correspondence with parents with regard to the health of resident pupils, and accessibility when school games were in progress.

Dr. ROXBURGH asked what was a public school. Did it mean Eton or Harrow? Dr. BONE replied in the affirmative. Eton and Harrow were public schools. There were a good many more, of course.

The word "accessibility" was taken objection to by Dr. R. W. LESLIE (Belfast), who expressed the gratitude

of part-time medical officers of public schools to the committee for their labours and efforts on behalf of a hard-working, long-suffering, and worthy body of men. He said it was possible for an exacting headmaster to interpret that word to mean that during the whole of every afternoon for nine months of the year the part-time officer of the school was not to be competent to undertake any duty which would take him out of telephonic communication with the school. He suggested the difficulty would be met by the phrase "reasonable accessibility," and this was accepted by the meeting.

Dr. WALLACE HENRY pointed out that the duties of a whole-time officer included "special reports to the headmaster and house masters *re* patients," whereas the wording of the present motion relating to part-time officers was "reports to masters on sick resident pupils." He asked why there was a difference in the wordings, and suggested that they were intended to mean the same thing.

Dr. BONE said the difference was intentional. It was considered that the duties of a part-time officer differed to a considerable extent from those of a whole-time officer, and that this was one of the ways in which they differed. In one case there was a whole-time man whose whole life was devoted to the particular job, and it was thought that the duties in the one case were, and ought to be, more elaborate than in the other. The original motions contemplated advising the Representative Body that whole-time men ought to be appointed wherever possible. It was considered that the whole-time men were an improvement on the part-time men. It was not thought right or proper to lay down the same very elaborate set of duties for the part-time medical officers as were laid down for the whole-time men.

The motion was then carried.

Dr. BONE next moved a recommendation with regard to the remuneration of a part-time officer—namely, that it should be either

> (*a*) By a capitation fee of not less than 10s. 6d. per resident pupil per term, or £1 11s. 6d. per resident pupil per year;
> (*b*) By salary of such amount as shall be approximately equivalent to the remuneration of the medical officer if he were paid a capitation rate as stated in foregoing subparagraph (*a*); or
> (*c*) By arrangement with the parents of the pupils where the parents are directly responsible to the medical officer for the payment of his fees.

This was agreed to.

Dr. BONE then moved that the duties of the part-time officer might also include:

> Examination of new pupils on admission to the school.
> Periodical examination of pupils.
> Keeping of medical records of resident pupils.
> Supervision and inspection of dietary of resident pupils.
> Supervision and inspection of physical training of pupils.
> Simple vision and colour vision testing.
> Advice on all hygienic measures in connexion with school work.

Mr. E. W. G. MASTERMAN asked why there had been an objection to Dr. Martin's motion, and yet here the part-time officers were to make periodical examinations of pupils.

Dr. F. W. GOODBODY (Marylebone) said one reason for the alteration in the wording between the previous motion and the present was that the committee had had the advantage of the counsel of two members of the Association who were doing part-time work at schools. Their duties were very different, and they had pointed out that some schools preferred the medical officer to examine all pupils, and some only resident pupils; but that in several cases, like Eton, where there were half a dozen doctors concerned with the treatment of the boys, the customs among those doctors varied very much. Some thought they should examine, and some thought they should not examine. That was why the word "resident" was left out in the present motion.

Dr. D. MCKAIL (Glasgow Eastern) moved as an amendment the insertion of the word "resident" so that the second line in the list of duties would read "Periodical examination of resident pupils."

Dr. J. A. MACDONALD seconded the amendment.

Dr. DAVID CLOW (Gloucestershire) supported the recommendation of the Council as it stood. The present afforded a unique opportunity for the investigation of the normal. The proper study of disease should begin with the investigation of the normal. Valuable work had been done in the last few years in this connexion. If the work was spread among several medical officers, no doubt the same scheme could be followed by them; but the same attention would not be given by the man outside—to whom the work was not part of his day's work, as it were—as would be given by the medical officer whose special interest it was to examine the pupils. He would like to see it adopted as the policy of the Association that all pupils should be examined and re-examined by the same medical officer.

Mr. BISHOP HARMAN supported the recommendation as it stood. In the interests of the pupils it was far better that the examination should be as wide as possible. He had yet to learn that in the elementary schools there was the least difficulty in the matter.

Dr. H. S. BEADLES considered that the word "resident" should be inserted, and Dr. EUSTACE HILL (Public Health Service) opposed the insertion.

Dr. BONE left it to the meeting to say whether or not the word should be inserted. He was quite prepared to accept the amendment.

The amendment was carried, as was also the recommendation as amended.

Dr. BONE further moved:

> That where the additional duties enumerated in the foregoing recommendation are required of a part-time medical officer of a public school the remuneration should be increased by higher capitation rate or retaining fee.

The motion was carried.

The final recommendation repealed what had already been agreed to in the case of the whole-time officers: that satisfactory arrangements should be made in school curriculums for giving instruction to the pupils on questions of health and hygiene. It was adopted without further discussion.

The minutes of the proceedings in committee were read to the committee by the MEDICAL SECRETARY, and were confirmed.

PROCEDURE ON THE PUBLIC SCHOOL RESOLUTIONS.

Resumption of Plenary Session.

Dr. BONE moved that the committee of the Representative Body report to the Representative Body that it approved of the amended resolutions on the position, duties, and salaries of public school medical officers proposed by the Council.

This was agreed to, and the Representative Body then resumed its normal session. After Dr. BONE had moved that the report of the committee (as above) be adopted, Dr. MIDDLETON MARTIN desired to move again, as he was entitled to do under the rules of procedure, the amendment he had moved in committee, which had there been lost; but he now modified it so that it became a reference to Council to consider whether the word "all" should not be substituted for the word "resident" in the statement as to one of the duties to be expected of the whole-time medical officer—"periodical examination of all pupils," not merely resident pupils—but he added that an exception should be made where a certificate from the pupil's private attendant was presented.

The vote on this amendment was so close that it had to be recounted. The final figures were:

For the amendment	84
Against	80

The report of the representatives in committee to the Representative Body was then approved, with the request that the Council should consider what had just been embodied in the amendment.

Dr. WALLACE HENRY moved that it be an instruction to the Council to enter into communication with the governing bodies of public schools on the position, duties, and remuneration of their medical officers, in accordance with the recommendations of the Council as amended, which had been approved by the Representative Body in committee. He said they had given the chairman of the Medico-Political Committee the backing he desired, but they had not yet made the resolutions which had been put

forward the policy of the Association because they had not been formally approved by the Representative Body in session. Several members were anxious that the Association should not, as it were, hold a pistol to the heads of governing bodies of public schools. Now the Association would be able to approach them and discuss in a friendly way the general views that had been adopted.

Dr. PETER MACDONALD seconded the resolution.

Mr. MCADAM ECCLES: Does that include conference with the Headmasters' Association?

The CHAIRMAN: If they are willing to have one.

Dr. WALLACE HENRY had no objection to the suggested addition.

The CHAIRMAN: We must not forget the headmistresses.

It was agreed that the resolution read: " . . . governing bodies of public schools and other bodies concerned."

The resolution was carried.

Periodic Physical Examination of Pupils.

Dr. E. K. LE FLEMING moved on the remainder of the Report:

> That the Representative Body is emphatically of opinion that provision for periodical examination of, and report on, the physical development of pupils at public schools should be established by every such school.

He thought it would be unfortunate if they did not take this the first opportunity they had had to emphasize the need for the periodical examination of all pupils. Every medical officer associated with a public school knew that large numbers of boys and girls suffered from all kinds of physical defects that were allowed to pass unnoticed until they brought about a complete breakdown in the pupil as a scholar. Parents seemed to assume that it was logical to pay a large sum of money for the mental education of their children and that the physical side of their development should proceed on perfectly normal lines and require no attention; they were very much to blame in that respect. The school was the place where children could be safeguarded from developing physical defects by attention at an early stage, and it was practically only at public schools that this necessity was not recognized. In the forefront of its policy the Association should emphasize the necessity for the periodical examination of pupils.

Dr. JOHNSON SMYTH seconded the resolution.

Dr. BONE said that the Medico-Political Committee recognized the very great need for the periodical examination of all pupils. It was of vital importance that boys and girls at the age of growth and development should be examined and re-examined, so that at the earliest possible moment signs of physical disease could be detected and vigorous exercises adjusted accordingly. He agreed with everything Dr. Le Fleming had said.

Mr. BISHOP HARMAN said they were asking that the immense benefit that children in elementary schools had derived from periodic examinations by medical officers should be extended to pupils in public schools. He was often shocked to find that defects that had been present for many years had not been discovered in the family or the school until some unfortunate incident arose out of it.

The resolution was carried without dissent.

(To be continued.)

ANNUAL GENERAL MEETING.

THE ninety-fifth Annual General Meeting of the British Medical Association took place in the McEwan Hall of Edinburgh University on Tuesday, July 19th, 1927, at 2 p.m. The PRESIDENT (Mr. Robert G. Hogarth, C.B.E.) was in the chair.

The Notice convening the meeting was read by the FINANCIAL SECRETARY, and the Minutes of the Annual General Meeting held in Nottingham on July 20th, 1926, which had appeared in the SUPPLEMENT, were taken as read and confirmed.

INDUCTION OF PRESIDENT, 1927-28.

Mr. HOGARTH then inducted as President, 1927-28, Sir Robert W. Philip, M.A., M.D., F.R.C.P.Ed., LL.D., Hon. F.R.C.S.Ed., Honorary Physician to the King in Scotland, professor of tuberculosis in the University of Edinburgh, physician consultant, Royal Infirmary, Edinburgh, and invested him with the presidential badge of office. After doing so, he said that it was a good rule that formal speeches should be brief, and that he did not intend to break the rule; but even the briefest utterance might be aglow with warmth, and as he now vacated the presidency and invited his successor to take it from him, he wished to offer his most cordial congratulations to one who had added new lustre to a city long famed throughout the wide world for the learning, for the skill, and for the character of its medical men. (Applause.) He could not hope to tell the medical profession in Edinburgh anything that was not already known about Sir Robert Philip and his brilliant work. It would also ill become him to praise one whose great merits had received such general and such signal recognition. He hoped that Sir Robert would enjoy his year of office as much as he (the speaker) had enjoyed his own. He was sure that at its close Sir Robert would agree that there was no office that fell to a doctor's lot which was more honourable or more desirable than that of the presidency of the British Medical Association.

The PRESIDENT said that to succeed to the long list of distinguished men who had been Presidents of that mighty Association was a significant event. That was not the moment for him to say very much. He would have an opportunity later on of expressing at greater length his appreciation of the high honour to which the members, in their goodness, had called him. The present was a very proud moment in his life; but it was one at which he felt weighted with a sense of responsibility. He begged the members to receive his sincere and respectful thanks for a fresh expression of their kind confidence. (Applause.)

APPOINTMENT OF AUDITORS.

Dr. E. A. STARLING proposed that Messrs. Price, Waterhouse, and Co. be appointed auditors to the British Medical Association until the next Annual General Meeting, at a remuneration of 200 guineas.

Dr. MIDDLETON MARTIN seconded, and this was carried unanimously.

PRESIDENT-ELECT.

The CHAIRMAN OF THE REPRESENTATIVE BODY (Dr. Brackenbury) reported to the meeting that Sir Ewen Maclean, M.D., F.R.C.P., F.R.S.E., senior gynaecologist, Cardiff Infirmary, had been elected by the Representative Body as President of the Association for the year 1928-29.

Sir EWEN MACLEAN said that he was grateful for a further opportunity of expressing his very warm thanks for the high honour which had been conferred upon him. It was especially gratifying to him that it should have come in the city of his old and much loved alma mater, an institution which enshrined within her walls all the lasting affection of her sons and daughters. It would be a very difficult thing for him to follow in the footsteps of one with the personal charm and the high distinction of Sir Robert Philip, and difficult also to follow in the wake—the fading wake—of their friend Mr. Hogarth, who had done such faithful work for the Association in the past year. It would not be easy for Cardiff to follow Edinburgh with all her great traditions and achievements; but there were attractions in the Principality, and it only remained for him to assure the Association, on behalf of the profession in Wales, North and South, together with the civic and collegiate authorities, that they would do their best to give the Association a warm Welsh welcome. (Applause.)

VOTE OF THANKS TO PAST-PRESIDENT.

The CHAIRMAN OF COUNCIL (Sir Robert Bolam) proposed that the hearty thanks of the Annual General Meeting be given to the retiring President, Mr. R. G. Hogarth, for his services as President, 1926-27. He said that of the various Presidents he had encountered as an executive officer of the Association during the past seven years none had been quite so unexpected as Mr. Hogarth. (Laughter.) Throughout the term of his office, as titular head of the Association, in his public appearances, in his address at Nottingham—(applause)—which deserved and received universal commendation and notice, and in his subsequent public appearances during a year in which there had been

many functions and ceremonies, he had done work of the very greatest value in forwarding the interests of the profession and the Association. (Applause.)

The new PRESIDENT (Sir Robert Philip), adding a personal expression of gratitude, said that during the past year he had been in a kind of helpless chrysalis stage, of rest, insensibility, and inactivity, and Mr. Hogarth had been like a master gardener, indicating what might come in the future, and tending him as a father or elder brother.

Mr. HOGARTH said that if his year of office had been of service to the British Medical Association he should feel far more than repaid for its cares. He had received such cordial and unsparing assistance on every side, especially from the permanent officials of the Association, that what might have been a burden had been so lightened as to be almost unfelt. Friendly hands and faces had made the way easy for him over the whole course. The well-being and advancement of the British Medical Association and the strengthening of its effectual influence in the great part it played in the medical profession would always command his active sympathy and the best that he had to give.

The Meeting then adjourned until the evening.

ADJOURNED ANNUAL GENERAL MEETING.

THE adjourned Annual General Meeting was held at 8 o'clock in the Usher Hall, Lothian Road, Edinburgh. The spacious hall, with its two galleries, was filled in almost every part when Sir ROBERT PHILIP, President of the Association, took the chair. He was accompanied on the platform by Lord Sands, Sir Alfred Ewing (Principal and Vice-Chancellor, Edinburgh University), Professor George M. Robertson, P.R.C.P.Ed., the Right Rev. Dr. Norman Maclean, the Very Rev. W. P. Paterson, Sir David Wallace, Dr. Drummond Shiels, M.P., Sir Leslie Mackenzie, and many other representatives of the civic and university life of Edinburgh and of Scotland.

Others more closely identified with Association activities also on the platform were Mr. R. G. Hogarth (Past President), Sir Ewen Maclean (President-Elect), Sir David Drummond (a former President), Dr. C. O. Hawthorne (Chairman of the Representative Body), Dr. H. B. Brackenbury (Past Chairman), Sir Robert Bolam (Chairman of Council), Mr. Bishop Harman (Treasurer), Dr. J. A. Macdonald, Sir Jenner Verrall, Sir William Macpherson, and many other members of Council.

INTRODUCTIONS.

Sir ROBERT BOLAM opened the proceedings by asking Dr. Fergus Hewat, the honorary local general secretary, to present to the President a large number of delegates from kindred associations, foreign guests, and representatives and delegates from Oversea Dominions. Each of these visitors received a greeting from the audience, in some cases, particularly that of Professor Harvey Cushing, a specially cordial one.

The following were the delegates presented from kindred associations:

Canadian Medical Association: Dr. H. S. Birkett, Dr. J. T. Fotheringham, Dr. James Miller, Dr. F. N. G. Starr.
American Medical Association: Dr. G. H. Simmons (Editor-Emeritus), Dr. W. S. Thayer (President-Elect).
China Medical Association: Mr. Dugald Christie.

The following were the foreign guests:

Denmark: Professor Knud Faber.
France: Dr. P. F. Armand-Delille, Professor L. Blum, Professor R. Cruchet, Professor Georges Guillain, Dr. E. Rist, Dr. René Targowla.
Germany: Professor Gustav Embden, Dr. E. Martini.
Holland: Professor Jan van der Hoeve, Professor E. C. van Leersum.
Hungary: Professor Emile de Grosz.
Italy: Professor Vittorio Ascoli.
Sweden: Professor K. A. Petren.
Switzerland: Professor F. R. Nager.
United States: Professor Harvey Cushing, Dr. Theodore Diller, Professor E. L. Opie.

The representatives and delegates from Oversea Dominions presented were as follows:

Dr. F. E. Whitehead (Nyasaland), Dr. T. D. Greenlees (Cape Eastern and Orange Free State and Basutoland), Dr. J. L. Rubidge (Cape Midland), Mr. T. Lindsay Sandes (Cape Western), Dr. Spencer Wicks (Griqualand West), Mr. G. M. Huggins (Mashonaland), Dr. J. J. Boyd and Dr. A. Gow (Pretoria), Dr. W. T. F. Davies, Mr. Max Greenberg, and Mr. H. Temple Mursell (Witwatersrand).

Dr. W. H. Peacock (Sierra Leone).

Dr. Sinclair Gillies, Dr. W. L. Kirkwood, and Mr. E. T. Thring (N.S.W.), Dr. C. E. A. Coldicutt, Dr. A. Douglas, and Dr. W. Young (New Zealand), Mr. E. A. Falkner (Queensland), Dr. L. J. Balfour, Professor R. J. A. Berry, Dr. B. Stewart Cowen, Dr. Konrad Hiller, Dr. L. S. Latham, Dr. Felix H. Meyer, Dr. J. H. Nattrass, Dr. J. E. Nihill, and Dr. T. W. Sinclair (Victorian), Dr. A. W. Farmer (Western Australian).

Dr. S. Seguin Strahan (Hong-Kong and China).

Mr. F. C. Madden (Egyptian).

Dr. S. P. Kapadia (Bombay), Dr. L. D. Parsons and Dr. Lucian de Zilwa (Ceylon), Major M. G. Naidu (Hyderabad), Lieut.-Colonel R. E. Wright, I.M.S. (South Indian and Madras).

The Hon. Sir David J. Galloway (Malaya).

Dr. W. Dunlop (Mesopotamia).

Dr. E. H. Bannister (Barbados), Dr. Q. B. de Freitas (British Guiana).

A cablegram was read from Dr. Orenstein of Johannesburg conveying, on behalf of several councils and professions of South Africa, best wishes to the Annual Meeting.

THE SIR CHARLES HASTINGS CLINICAL PRIZE.

The CHAIRMAN OF COUNCIL said that the Sir Charles Hastings Prize was a clinical prize which had been instituted to encourage systematic observation, research, and record in general practice. This year it had been obtained by one who, practising in Lancashire, had been a worker for the British Medical Association in medico-political circles. Dr. J. S. Manson had sent in an essay of extraordinary merit and had been awarded what was now regarded as one of the prizes of the general practitioner, the Sir Charles Hastings clinical prize.

The PRESIDENT, in presenting the prize, which consisted of an illuminated certificate and a cheque for fifty guineas, to John Sinclair Manson, M.D., Warrington, for his clinical study entitled "Observations on human heredity," said: "On behalf of the British Medical Association I have very great pleasure in awarding you this prize, and at the same time congratulating you on having found, in the midst of your ordinary daily work, opportunity for such able observation."

PRESIDENT'S ADDRESS.

The PRESIDENT then delivered from the chair the address which is printed at page 123.

VOTE OF THANKS TO THE PRESIDENT.

At the close of the presidential address, which was received with long-continued applause, Dr. C. O. HAWTHORNE (Chairman of the Representative Body) proposed a vote of thanks to the President. He said that to praise Sir Robert Philip in Edinburgh was of all things a superfluous proceeding, and to commend him and his distinction and his work to his colleagues in the medical profession was equally unnecessary. In the British Medical Association it was considered seemly to leave the presidential address for careful study and contemplative reflection; and thus it did not fall upon him (Dr. Hawthorne) to undertake the formidable task of analysis or comment. It was sufficient to say that the scientific value of the address, its economic implications, and its bold adventure into the field of optimistic prophecy would all receive the most careful consideration, while its literary charm would appeal to every reader, even as it had to those who had been fortunate enough to listen to its delivery. In Edinburgh medicine was cultivated with a tincture of philosophy, and this address strikingly illustrated the truth of that proposition. (Applause.)

Sir ALFRED EWING (Principal and Vice-Chancellor of the University of Edinburgh), in seconding the vote of thanks, said there could be no two opinions as to the suitability

of their choice of a President, nor as to the distinction, the literary charm, the philosophic grasp, and the immense suggestiveness of the address they had just heard. As a layman he had been brought into intimate contact with Sir Robert Philip in matters of administrative detail regarding the University, details sometimes medical, sometimes non-medical, and there was no occasion when Sir Robert Philip's opinion had not been of the greatest value. Sir Alfred Ewing did not remember ever to have seen the President's serenity ruffled or his judgement other than calm and balanced. The tremendous work which Sir Robert Philip had described that night illustrated a striking characteristic of the profession—that it had achieved its own greatness by its humanity.

The vote of thanks was heartily accorded, and Sir ROBERT PHILIP briefly expressed his thanks and asked his hearers to meet him a little later at the reception by himself and the local executive, at the McEwan Hall.

OPENING OF THE ANNUAL EXHIBITION.

THERE was a strong muster of members of the Association and visitors in Waverley Market Hall, Princes Street, on Tuesday morning for the official opening of the exhibition of surgical instruments, appliances, drugs, foods, etc. Dr. BRACKENBURY, Chairman of the Representative Body, presided, and others present on the improvised platform were Sir Robert Philip, Sir Ewen Maclean, and Sir Robert Bolam, Chairman of Council.

Dr. BRACKENBURY said that the British Medical Association always desired to give as much publicity as it could to the Exhibition, and, following a very advantageous custom, he would ask the President-Elect, who would become President in the course of that meeting, to commend the Exhibition and declare it open.

Sir ROBERT PHILIP said:

The Chairman has just told us that it is a happy custom that the President-Elect should declare this Exhibition open. I am not quite sure that it is quite a satisfactory custom so far as the Exhibition is concerned; but of this I am certain, that no duty could be more grateful, more acceptable, to the man who occupies the position I do for the moment than the opening of this Exhibition. Looking round, and knowing the Waverley Market as I do, I feel that there has been a transformation of a somewhat dubious building into a world of beauty. ("Hear, hear.") That world of beauty is not everything that we see for the moment from this platform, because as you pass from stall to stall revelations emerge of a most astonishing and interesting character. This Exhibition, I take it, stands for the union of brain, of thought, the vision of the doctor, the experimenter, the man who is feeling his way, and the ingenuity of the technician, without which, mark you, all our fine thoughts would carry us a very short distance. The medical profession owes a great deal to our fellow workers, whether they are the manufacturing chemists, the pharmacists, the scientific instrument makers, or the publishers; and I desire, as getting to be an oldish member in the profession, here and now to express to all these representatives, all these fellow workers, our sense of this indebtedness. (Applause.) It is particularly significant to realize that happy union in this city, because in Edinburgh during the past centuries there have been two very notable examples of the value of the combination to which I have alluded. In the first place, in the earlier time, not very far separated the one from the other, you had Sir James Simpson feeling his way, following the example of men in America and elsewhere, to realize the great principle and practice of anaesthesia. Sir James Simpson in all his observations was assisted—more than assisted, notably assisted—by his association with a leading firm of chemists in the city of Edinburgh. ("Hear, hear.") Then, coming to another point in history, which is very much in our minds just now, when we are out to commemorate the life of that great man Lord Lister, it must be known to many Edinburgh men here how very closely related—I was going to say how dependent—Lord Lister was, and he would have been the first to have expressed this view himself, on his association with fellow workers on the technical side. The firm of Messrs. Macfarlan in Edinburgh, an old historic firm, were in most intimate touch with Lister at every point in the development of his technique, more particularly his technique in relation to the refinement of catgut and so on. On the other side of his work, another firm of instrument makers, Messrs. Gardner, were closely associated with him in relation to the technique, shall I call it, of the old-fashioned spray—the technique of his defensive apparatus. I am very happy that it should have fallen to me in this city, not merely to refer to the old associations, and to the gratitude that those great men who have since left us would have felt, but in the widest way once more to express the feeling of the profession towards our colleagues the technicians, and of the general public, if they will allow me to say so, to those men without whom the work of us doctors, however desirous we might be of relieving others, might fail in its attainment. I have very much pleasure in now formally declaring this Exhibition open. (Loud applause.)

Dr. BRACKENBURY said it was very gratifying to see so large an assembly, and on behalf of the exhibitors, the members of the British Medical Association, and members of the public, he thanked Sir Robert Philip, not merely for declaring the Exhibition open, but for his charming, illuminating, and enlightening address. (Applause.)

THE REPRESENTATIVES' DINNER.

AT the conclusion of the first day of the Annual Representative Meeting the representatives dined together in the debating hall of the University Union. Unfortunately Dr. Brackenbury, soon after his arrival to preside over the dinner, was seized with indisposition, and his place in the chair was taken by Dr. C. O. HAWTHORNE. The shadow which the temporary illness of Dr. Brackenbury cast upon the assembly was in part dissipated later in the evening, when the CHAIRMAN OF COUNCIL announced that Dr. Brackenbury, who had returned to his hotel, was very much better.

Dr. E. J. TOYE of Barnstaple, who had been selected to propose the toast of "Chairman of the Representative Body," found himself, as he said, taking part in a performance of *Hamlet* without the Prince. But he proceeded with the speech he had prepared, which dwelt upon Dr. Brackenbury's name, qualifications, and offices, and even extracted some oratorical capital out of his telephone number! Dr. Brackenbury, he said, deserved thoroughly well of the medical profession and the British Medical Association, in whose interests he had laboured with such ability and devotion.

The toast to the absent Chairman was pledged with great heartiness, and to the singing of "For he's a jolly good fellow."

Dr. HAWTHORNE took advantage of the occasion to apply some familiar quotations to Dr. Brackenbury, among them that passage of Scripture concerning those who "waxed valiant in fight, put to flight the armies of the aliens, stopped the mouths of lions"—and sometimes of other members of the animal kingdom who had nothing of the lion about them except the skin! Dr. Hawthorne also referred to some of the lighter sides of the Representative Meeting, its relaxations and hospitalities, and pointed his remarks with some stories illustrative of the more delicate sides of the relationship of host and guest. He concluded by expressing the regret of all those present that at that particular moment Dr. Brackenbury, after his labours as chairman, should have been prevented by what they all hoped was only a passing indisposition, from spending an agreeable evening among his friends.

Professor LOVELL GULLAND related some reminiscences of the visit of the Association to Edinburgh in 1898, when Sir Thomas Grainger Stewart was President and Sir Robert Philip Honorary Secretary, and he "obliged" the company with a song specially composed for the occasion, nearly thirty years ago. In those days, he said, the local people had nothing like the help they now enjoyed from headquarters, but they got a great deal of fun out of the meeting and put in an immense amount of hard work. The song, which was of many verses, included one which ran:

> We chose the committees with thought and with care,
> With infinite confabulation,
> While the Sections were picked so that all had a share.
> And none could complain of the Association.

The lines also bewailed the case of

Poor Philip, who had the life of a dog,
His days were a long tribulation;

while

Sir Thomas, who acted the President's part,
Is deserving of high commendation.

Further poetic gifts were revealed by Dr. WILLIAM FORDYCE, who gave a recitation of many verses, the theme of which was a rather remarkable (and, to those who know him, unbelievable) episode in the career of Sir Harold Stiles, but as the poem concluded by stating that it was all a dream it need not be taken too seriously. The recitation was delivered with much dramatic vigour, and received immense applause.

The company broke up after singing "Auld Lang Syne." The attendance was very large, and the Chairman was supported by the President, Mr. R. G. Hogarth, and the President-Elect, Sir Robert Philip.

THE REPRESENTATIVES' EXCURSION.

A VISIT TO THE SCOTT COUNTRY.

ON Sunday the representatives and their wives spent a delightful day in the Scott country, more than 500 of them journeying by car and charabanc to the Border. The weather was everything that could be desired.

The party started from the Royal College of Physicians at 9.30 a.m., and proceeded to Rullion Green, where a most impressive service was conducted by the Revs. T. Ratcliffe Barnett and George F. Macleod. On the actual site of the old Covenanters' battlefield, in a dip in the hillside, a short and interesting address was delivered, in the course of which it was pointed out that some 250 years ago a band of 900 Covenanters, from Dumfriesshire, half starved and badly armed, took their stand. Their homes had been destroyed, and they were endeavouring to reach Edinburgh. At Rullion Green they were attacked by 3,000 well armed Government troops under Dalziel of Binns. Retreating south, the Covenanters took up a position on the actual spot where the service was held. On Dalziel's first attack he was routed, but a later attack in the evening ended in the defeat and flight of the Covenanters. The dead and wounded were left lying in the snow (the battle was fought on November 8th, 1666), and were stripped and robbed. In the night the godly women of Edinburgh came out and clothed the naked dead in white shrouds. They were buried on the battlefield, where a monument has been erected to commemorate their heroism. About 150 prisoners were taken to Edinburgh, and either put to death or shipped to the plantations. So ended one of the most celebrated battles of "the Killing Time," during which over 18,000 Covenanters perished in support of the Presbyterian form of worship. The minister claimed that, largely as the result of the magnificent action of the Covenanters, freedom of thought in religion had been secured in Scotland for all time.

The representatives then proceeded to Penicuik, Peebles, and Galashiels. Here an excellent lunch was served. The Provost showed the party the beautiful war memorial of the town. Of a population of some 15,000, over 3,000 had proceeded overseas during the great war, and of these some 600 had given their lives for their country. After passing Abbotsford, the later home of Sir Walter Scott, the ruins of Melrose Abbey, beneath the slope of the Eildon Hills, were seen. Here, in the remains of the Abbey, founded in 1136, and endowed by David I for the Cistercian Order, near the eastern end, is buried the heart of Robert Bruce; many border chieftains, including Michael Scott, the Wizard, lie here.

Bemersyde House was passed—the house presented by the nation to Field-Marshal Earl Haig as a tribute to his services in the war, and which fulfilled the ancient prophecy—

"Tide—tide—whate'er betide,
There'll aye be a Haig in Bemersyde."

During a halt at Dryburgh the visitors inspected the Abbey, founded by David I of Scotland in 1150. It was a brotherhood of Premonstratensian monks from Alnwick, and was four times destroyed by English armies. Here is buried Sir Walter Scott, his wife, and members of his family. After a drive along Tweedside, Kelso was reached. There, at Floors Castle, the representatives were entertained to tea by His Grace the Duke of Roxburghe. In a large marquee in the beautiful grounds of the Castle a very refreshing meal was served, after which the gardens and hot-houses were inspected. The delightful weather enhanced the natural beauty of the grounds of Floors Castle, which were in perfect condition. The drive home through most glorious Border scenery terminated a very delightful and memorable excursion, very much appreciated by the large and distinguished party, which included most of the officers, officials, and members of the Representative Body.

A slight accident occurred during the journey. A small child, through no fault of the driver, was knocked down by one of the charabancs. She was immediately examined by two distinguished surgeons who were in the vehicle. It was explained to the mother that two well known surgeons had satisfied themselves that no serious harm had overtaken the child, and that she had nothing more than a few slight bruises. The mother remarked, "Thanks, but I'll ha'e my ain doctor," a remark very much appreciated by everyone in the charabanc, and not least by the two surgeons.

ENTERTAINMENT BY THE EDINBURGH AND LEITH DIVISION.

ON Saturday evening the Edinburgh and Leith Division gave a smoking concert to the representatives in the Debating Hall of the Union Society, Dr. William Guy in the chair, and Dr. Fordyce acting as deputy chairman.

Dr. Guy, as a welcome to the visitors, recited with his well known sonorous eloquence the following poem, composed by himself:

All hail! you representatives from far and near,
We bid you welcome, offer you good cheer;
Finished your task, solved each momentous question,
No mental strain inhibits good digestion;
So cast aside the cares of class or practice,
With thankful hearts admitting that the fact is
Though bugs of all kinds, coccus or bacillus
Or even spirochaete may try to kill us,
The wise practitioner who would slay these bugs
Puts not his trust in vaccines or in drugs,
But rather in the microbes' deadliest foe—
Tobacco smoke + C_2H_6O.
To this prescription it is never wrong
To add a dose of music and of song.
Lift up your voices, then, and swell the chorus,
Bass, tenor, baritone, in tones sonorous!
And if perchance the effort makes you pant,
Restore the rhythm with a stimulant.
Of stimulants the one without a peer
All will agree is good old British beer!
Now must I stop and come to the agendum,
The order of the night "Nunc est bibendum."

The concert was a very successful one, among those contributing to the entertainment being the chairman and vice-chairman and many of the students.

A great feature was some good community singing, old Scots songs, such as "John Peel," "Billy Boy," "Loch Lomond," and well known students' verses, "What shall we do with the drunken sailor?" "Solomon Levi," "A-roving," being rendered with great gusto by the large audience assembled.

Dr. J. A. Macdonald, in a few well chosen phrases, expressed the thanks of the guests for the excellent entertainment provided, and the concert concluded with the singing by the audience, in true Scottish fashion, of "Auld Lang Syne."

As was anticipated, the number of members attending the Annual Meeting in Edinburgh is large; down to 2 p.m. on Wednesday, July 20th, 2,000 had registered their names.

British Medical Association.

CURRENT NOTES.

Handbook for Recently Qualified Medical Practitioners.

THE second edition of the Association's *Handbook for Recently Qualified Medical Practitioners* was issued in April of last year. The demand for this guide to the intricacies of medical practice has been so great as to necessitate a reprint, and it is evidently not confined to the newly qualified, for whom the handbook was primarily intended. A special feature of the present edition is the amount of space devoted to the practical aspects of medical work, including the legal and social obligations of the practitioner. The appendices include the *Warning Notices* issued by the General Medical Council, the rules as to ethics of medical consultation approved by the Representative Body of the British Medical Association, and the memorandum on the duties of doctors and dentists under the

Dangerous Drugs Acts, 1920-23, issued by the Home Office. The handbook can be obtained on application to the Financial Secretary and Business Manager, price 3s. 8½d. post free. Copies are presented to newly qualified practitioners through the Divisions and Branches.

Medical Appointments Abroad.

The head office of the British Medical Association has a good deal of information placed at its disposal by its Branches overseas, which may be very useful to those proposing to accept medical appointments abroad. Practitioners are cordially invited to apply to the Medical Secretary, B.M.A. House, Tavistock Square, W.C.1, for any information that may be available regarding oversea appointments in which they may be interested.

The Half-yearly Indexes.

The usual half-yearly indexes to the JOURNAL and to the SUPPLEMENT and EPITOME have been prepared and will be published shortly; they will, however, not be issued with all copies of the JOURNAL, but only to those readers who ask for them. Any member or subscriber who desires to have one or all of the indexes can obtain what he wants, post free, by sending a post-card notifying his desire to the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1. Those wishing to receive the indexes regularly as published should intimate this desire.

Association Notices.

ULSTER BRANCH: NORTH-EAST DIVISION.

THE Council has changed the name of the Ballymoney, North Antrim, and South Derry Division to "North-East" Division.

Meetings of Branches and Divisions.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE eighty-third annual general meeting of the Cambridge and Huntingdon Branch was held at Harston, Cambridge, on July 12th. The following were elected officers for the ensuing year:

President, Dr. W. J. Young. *President-Elect*, Mr. W. H. Bowen. *Vice-Presidents*, Dr. Robert Ellis and Dr. H. Macfadyen. *Honorary Secretary*, Dr. G. S. Haynes.

Dr. YOUNG generously entertained fifty-two members and visitors to luncheon in the village hall, and afterwards delivered his presidential address, entitled "Then and now in midwifery." His array of facts, eloquence, and wit delighted his audience, and he was warmly thanked for his hospitality and entertainment.

DORSET AND WEST HANTS BRANCH.

THE summer meeting of the Dorset and West Hants Branch was held at the Weymouth and District Hospital on July 6th. The president, Dr. GREY-EDWARDS took the chair, and there were forty-one members present. Mr. W. A. MEIN read a paper on acute dilatation of the stomach, and Dr. A. E. BLACKBURN opened a discussion on disease of the urinary tract. The Weymouth members provided lunch and tea for the visitors. The Branch approved the proposal "That the municipal borough of Lymington and that portion of the rural district of Lymington containing the civil parishes of Milford, Hordle, and Milton be transferred from the Southampton Division of the Southern Branch to the Bournemouth Division of the Dorset and West Hants Branch." A Council meeting attended by fifteen members preceded the general meeting. A letter was read from the Medical Secretary as regards candidates for election to the Branch.

EDINBURGH BRANCH: EDINBURGH AND LEITH DIVISION.

A MEETING of the Division was held in the Hall of the University Union on Wednesday, July 13th, from 4 to 6 p.m., when the graduands in medicine were entertained and welcomed into the ranks of the profession. The CHAIRMAN OF THE DIVISION presided. There were present about 150, of whom 70 were graduands. Some fifty members of the Division attended, a number of whom were accompanied by ladies.

Professor D. P. D. WILKIE delivered to the graduands an address which was very cordially received by them and by the members. The CHAIRMAN concisely stated the more outstanding advantages of membership of the Association.

During the course of the proceedings the certificate won by Miss Georgina Somerville for the Association prize essay was presented by the chairman. To each graduate was given a copy of the British Medical Association *Handbook for Recently Qualified Medical Practitioners*.

An enjoyable musical programme was rendered, and at its close Mr. MITCHELL INNES thanked the chairman and members on behalf of the graduands.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.

A MEETING of the City Division was held on July 5th at the Metropolitan Hospital, when Dr. T. H. G. SHORE curator of the museum of St. Bartholomew's Hospital, gave a demonstration of pathological specimens. These included a specimen of adamantinoma from a girl, aged 17, who, on admission to hospital, was paralysed and deeply comatosed. The urine contained albumin, sugar, and acetone. She did not respond to insulin, and, at the necropsy, a large tumour, mostly composed of blood clot, was found in the brain. Dr. Shore also showed an appendix containing thirty-six small shot, removed from a man who was very fond of eating rabbits.

A clinical meeting of the Division was held on July 6th, at the Queen's Hospital for Children, when medical cases were shown by Drs. E. BELLINGHAM SMITH, SIDNEY OWEN, HELEN M. MACKAY, ALICE KING, and D. W. WINNICOTT. Surgical cases were shown by Messrs. B. WHITCHURCH HOWELL, L. R. BROSTER, E. CROOK, R. COYTE, M. VLASTO, V. NESFIELD, N. BURGESS, Dr. ELIZABETH O'FLYNN, and Dr. W. P. TINDAL ATKINSON.

Another clinical meeting was held on July 8th, at the Metropolitan Hospital, when Dr. P. HAMILL demonstrated cases in the wards.

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.

A MEETING of the Division was held on June 28th. A letter about the Dogs' Protection Bill, written by the secretary to members of Parliament, was read, together with the replies of members thereto. The question whether dental anaesthetic fees under national insurance practice enabled doctors to ask for the balance of the usual fee from the patient without incurring a penalty was answered to the doctor's advantage after inquiry at the Panel Committee. As regards fees for puerperal post-natal scheme, Dr. TAIT of Middlesex County Council stated the fees agreed by him with the Ministry of Health, and it was resolved that the secretary should write to medical officers of health of the district as to this. The Charities Subcommittee hopes to be able to report shortly. Notice of an orthopaedic clinic at Northwood was given by Dr. MAYNE. Dr. BERTWISTLE gave a short lecture on the silhouette radiogram in the interpretation of physical signs.

NORTH OF ENGLAND BRANCH: TYNESIDE DIVISION.

ON July 3rd members of the South Shields and Tyneside Divisions had a very enjoyable golfing day at Brancepeth, South Shields, winning the match. At a meeting of the Tyneside Division held on July 8th, Dr. C. Nelson was elected to the Ethical Committee in place of Dr. J. P. Sparks resigned. Dr. S. C. Stonier and Dr. J. A. Hislop were elected to the Executive Committee in the stead of Drs. J. G. Nicholson and A. Forrest resigned. It was resolved that in the opinion of the Division the funds of the National Defence Trust should be used for purposes of defence in times of emergency only, and that a grant of £1,000 to the Parliamentary Fund was not advisable. It was decided to stimulate the social activity of the Division by arranging a golf meeting in September and two clinical evenings and a dinner in the winter. A vote of sympathy with Mrs. Kirkland in her recent bereavement was passed, and the secretary was asked to write to her. It was decided to approach again the non-members resident in the area.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.

President's Address.

AT the annual meeting of the North Lancashire and South Westmorland Branch, to which we referred briefly on July 9th (SUPPLEMENT, p. 17), Dr. E. JACKSON, in his presidential address, gave an account of the improvements in medical treatment which he had witnessed during the last fifty years. He mentioned that when he started to practise it was the custom to attend a midwifery case with no equipment other than a pair of short forceps in one pocket and a bottle of ergot in the other. He described the great strides made by surgery as the result of the application of Lister's antiseptic measures, the introduction of anaesthetics, and the use of *x* rays. In medicine the discovery of vaccines and serums had enabled many diseases to be attacked successfully with a great resulting reduction in the mortality. Dr. Jackson's reminiscences included also the change in therapeutics which followed the elucidation of the functions of the endocrine glands and an appreciation of the benefits gained by improved methods of clinical examination and diagnosis.

NORTHERN COUNTIES OF SCOTLAND BRANCH: CAITHNESS AND SUTHERLAND DIVISION.

A MEETING of the Caithness and Sutherland Division was held in Thurso on July 6th, with Dr. D. DURRAN in the chair. The SECRETARY submitted the Annual Report of Council, also the Supplementary Report, and the meeting discussed matters coming before the Representative Body with the deputy representative (Dr. A. Asher), who had agreed to act in the unavoidable absence of Dr. J. B. Simpson. The following office-bearers were elected:

Chairman, Dr. D. Durran (Thurso). *Vice-Chairman*, Dr. W. E. Johnstone (Brora). *Honorary Secretary*, Dr. A. Asher (Thurso). *Executive Committee*, Dr. G. A. MacDonald, Dr. H. MacKay, Dr. A. W. Mackie, Dr. N. McA. Lees, and Mr. B. Soutar Simpson. *Representative in Branch Council*, Dr. A. D. Kennedy.

OXFORD AND READING BRANCH: OXFORD DIVISION.

THE Oxford Division held its fifth meeting of the year at the Radcliffe Infirmary on June 22nd; Dr. COLLIER, sen., took the chair and thirty-six members were present.

Dr. R. E. B. YELF, Divisional representative, reviewed some of the work of the Association during the past year. Dr. KING TURNER asked Dr. Yelf to watch carefully the recommendations embodied in the report of the Royal Commission on Lunacy. The representative was also asked to exercise his influence to secure a reduction of the annual subscription to the Association in view of the sound financial position.

Clinical Cases.

Dr. W. T. COLLIER showed a young woman with persistent tachycardia, who had been admitted to the hospital a year previously as a case of Graves's disease. There was no exophthalmos or thyroid enlargement, and it was thought that the case was probably one of "irritable heart." Dr. W. STOBIE showed a girl, aged 13, with interstitial keratitis, bowing and thickening of the forearm, and a positive blood sigma reaction. *X*-ray examination disclosed thickening of the radius and ulna in both forearms, with marked periostitis and necrosis of the right ulna. Dr. A. G. GIBSON showed two cases. The first was a middle-aged woman with a history of arthritis for several years, both wrists, knees, and the first and second metacarpo-phalangeal joints of the right hand being affected. The clinical picture was that of rheumatoid arthritis, but the *x*-ray examination indicated considerable disorganization in both wrists, while one fibula showed periostitis. The patient also had double Argyll Robertson pupil, extensive ulceration of both ankles, and a positive Wassermann reaction. Improvement had followed antisyphilitic remedies. The second patient was a man, aged 23, who three weeks previously had suffered from occasional momentary muscular spasms involving the shoulder girdle, especially the pectorals. There was no fever, but rather obstinate constipation. The provisional diagnosis was the myoclonic type of encephalitis lethargica. Mr. G. R. GIRDLESTONE showed two specimens indicating adolescent osteochondritis in the head of the second metatarsal bone, and the middle phalanx of the left middle finger. He also showed a portion of articular cartilage about the size of half a crown (osteochondritis dessicans) removed from the knee-joint. Mr. W. W. WAGSTAFFE showed two cases. The first, a girl aged 18, had an elastic swelling on the right side of the posterior pharyngeal wall, which was believed to be an enlarged lymphatic gland. The second was a man, aged 34, with advanced pyelonephritis, who had completely recovered after treatment by incision and drainage. Mr. H. WHITELOCKE showed a case of acute pancreatitis in a woman, aged 32, who had improved very considerably after operation and drainage, numerous small calculi being removed from the gall bladder. Unusual features in this case were the age of the patient, the absence of constipation, and the fact that she had not consulted a doctor for five years previous to the attack.

The meeting concluded with the demonstration of a series of radiographs of chests taken at the Osler Pavilion.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE fifty-seventh annual meeting of the South Wales and Monmouthshire Branch was held at Pontypridd on Tuesday, July 5th. Members of the Council were entertained to lunch by the president-elect, Dr. J. Morgan Rees. The Annual Report of Council for 1926 and the financial statement were approved. The officers for the coming session were elected as follows:

President, Dr. J. Morgan Rees (Pontypridd). *President-Elect*, Dr. J. M. Morris (Neath). *Honorary Treasurer*, Dr. D. Naunton Morgan (Bridgend). *Honorary Secretaries*, Dr. A. A. Prichard and Dr. A. W. Owen.

Dr. R. PRICHARD (Cardiff), the retiring president, then vacated the chair and installed Dr. Rees as president for the year 1927-28. A hearty vote of thanks was accorded Dr. Prichard for the efficient manner in which he had performed the duties of his office. Dr. REES read his presidential address on Pontypridd and its cottage hospital, giving first a short history of the town, and its chief features. The famous bridge, built in 1755, was considered a remarkable engineering feat for the time, having a single span of 140 feet. Mention was made of the building of a road to Cardiff during the American war in 1767, of the development of the iron trade, and of the manufacture of cannon for the war. In 1795 a canal was built to Cardiff. This had a rise of 600 feet between Cardiff and Merthyr, with 40 locks. The administration of the town in modern times was described with special reference to its clinics and cottage hospital. The operative work had increased considerably since the opening in 1913, the number of operations being: 1913-14, 102; 1923-24, 442; the majority being abdominal. A memorial park had been opened lately, and afforded facilities for the workers for games of every sort. Pontypridd also possessed the only crematorium in Wales. At the conclusion of the meeting, which was well attended, Dr. Rees entertained the members and their friends to tea.

SUSSEX BRANCH: HASTINGS DIVISION.

THE annual general meeting of the Hastings Division was held at the Queen's Hotel on July 5th. The following officers were appointed for 1927-28:

Chairman, Dr. Charnock Smith. *Vice-Chairman*, Dr. E. C. Mackay. *Honorary Secretary and Treasurer*, Dr. T. Reed.

The HONORARY SECRETARY, in presenting his annual report, noted the continued prosperity of the Division. Ten ordinary meetings had been held, with an average attendance of twenty-three. Many interesting papers had been read, and the discussions thereon had been much keener than in previous years. The secretary made an appeal to all the members to try and get in many of the fifty or so non-members residing in the Divisional area. Among its social activities the Division held a dance; the annual dinner was a great success, and recently its annual golf competition had taken place for prizes presented by the chairman. Following the ordinary business, Professor LLOYD-MORGAN, LL.D., F.R.S., read an address on the conditioned response. This was followed by a tea on the invitation of the newly appointed chairman.

YORKSHIRE BRANCH: HUDDERSFIELD DIVISION.

DURING the past year there have been held four meetings of the Huddersfield Division and six meetings of the Executive Committee. No special questions of local interest have been discussed during the year. In March the first British Medical Association Lecture in Huddersfield was given by Professor Miles Phillips on some obstetrical emergencies; this was very instructive and was much appreciated by those present. The social functions have again been successful, although the dance showed a deficit of £4 13s. 9d. The picnic and golf competitions were successful. The Irving Cup has been won by Dr. Dickson. The Divisional round in the competition for the Treasurer's Cup has been won by Dr. Raffan. On the social functions account there is a balance in hand of about £19; in the general fund there is a balance in hand of about £8 10s.

BOOKS ADDED TO THE LIBRARY.

THE following books were received by the Library of the British Medical Association during April and May, 1927.

Anderson, W. K.: Malarial Psychoses and Neuroses. 1927.
Ballinger, W. L.: Diseases of the Throat, Nose, Ear. Fifth edition. 1925.
Barker, J. Ellis: Good Health and Happiness. 1927.
Blümel, K. H.: Handbuch der Tuberkulose Fürsorge. II. 1926.
Bousfield, P.: Sex and Civilisation. 1925.
Butler, T. Harrison: An Illustrated Guide to the Slit Lamp. 1927.
Cawadias, A. P.: Diseases of the Intestines. 1927.
Crawford, A. J., and Chalam, B. S.: Mosquito Reduction. 1926.
Crichton-Browne, Sir J.: Victorian Jottings. 1926.
Dawson, J. W.: The Melanomata. 1925.
Delbet, P.: Les Cancers du Sein. 1927.
Denker, A., and Kahler, O.: Handbuch der Hals, Nasen, Ohrenheilkunde. 7 Bd., 1926. 8 Bd., 1927.
Dock, L. L., and Quimby, J. C.: Materia Medica for Nurses. Eighth edition. 1927.
Duke, W. K.: Allergy, Asthma, Hay Fever, and Urticaria. Second edition. 1927.
Duke-Elder, W. S.: Nature of the Intraocular Fluids. 1927.
Elkington, J. S. C.: Notes on Quarantine Practice. 1926.
Fremantle, F. E.: The Housing of the Nation. 1927.
Giltner, W.,: Microbiology. Third edition. 1926
Griffiths, F. G.: Studies in Pulmonary Tuberculosis. 1911.
Grubb, Isabel: Quakers in Ireland, 1654-1900. 1927.
Guy's Hospital Reports. Volume 17, Part I. 1927.
Hammond, J.: The Physiology of Reproduction in the Cow. 1927.
Hanzlik, P. J.: The Action and Uses of Salicylates and Cinchopin. 1927.
Harrower, H. R.: The Hepatic Principle, Anabolin, Detoxication by the Liver, and the Control of Functional Hypertension. 1927.
Hartmann, H.: Diagnostic des principaux Cancers. 1927.
Henke-Lubarsch: Handbuch der Speziellen Pathologischen Anatomie. Bde. IV-1, VIII, and XII. 1926.
Hoffmann, E.: Wie Kann die Menschkeit von der Geissel der Syphilis befreit Werden? 1927.
Hollingworth, H. L.: The Psychology of Thought. 1926.
Howard, Russell: Surgical Nursing. Fifth edition. 1926.
Howell, A. B.: Anatomy of the Wood Rat. 1926.
International Clinics. Thirty-sixth series. Volumes 3 and 4. 1926.
Kantor, J. R.: Principles of Psychology. Volume 2. 1926.
Kirschberg, F.: Handbuch der Massage und Heilgymnastik, II. 1926.
Kolle, W., and Wassermann, A. von: Handbuch der Pathogenen Mikroorganismen. Bde. I, II, III. 1927.
Kolmer, J. A.: Chemotherapy. 1926.
Leeson, J. R.: Lister as I Knew Him. 1927.
Leighton, G.: Principles and Practice of Meat Inspection. 1927.
Leik, E.: Der Arzt und Seine Sendung. 1926.
Life Insurance Medicine, by Members of the Medical Department of New England Insurance Company. 1926.
Lister and the Lister Ward of the Royal Infirmary, Glasgow. 1927.
Lord, J. R.: The Clinical Study of Mental Disorders. 1926.
Ludovici, A. M.: Man—an Indictment. 1927.
Marie, P.: Travaux et Mémoires. I. 1926.
Medical Annual, The. 1927.
Merrall, H.: Resistance to Disease. Revised edition. 1927.
Mouchet-Tavernier: Pathologie des Mensiques du Genou. 1927.
Muir, R.: Bacteriological Atlas. 1927.
National Association for the Prevention of Consumption. Twelfth Conference. 1926.
Newman, Sir George: Interpreters of Nature. 1927.
Optical Convention, 1926, Proceedings of the. Two volumes. 1927.
Parsons, Sir J. H.: Introduction to the Theory of Colour Perception. 1927.
Pearce, E. C.: Textbook of Orthopaedic Nursing. 1927.
Renaud, M.: Les Cancers et leurs Complications. 1927.
Richet, C.: The Natural History of a Savant. 1927.
Rout, E.: Native Diet. 1926.
Schwartz, L.: Traitement de la Dysenterie Amibienne par la Yatrène 165. 1925.
Serre, L.: La Crésopirine. 1927.
Stanton, A. T.: Notes on Malayan Culicidae. 1926.
Steen, R. H.: The Modern Mental Hospital. 1927.
Stevens, A. A.: The Practice of Medicine. Second edition. 1926.

Sudhoff, K., and Singer, Charles: The Earliest Printed Literature on Syphilis, 1495-1498. 1925.
Thomson, R. H., and Ford, A. P.: Tuberculosis of the Lungs. 1927.
Thurzo, E. de: Les Nouvelles Méthodes par les Réactions du Liquide Céphalo-Rachidien. 1927.
Treves, Sir F., and Choyce, C. C.: Surgical Applied Anatomy. Eighth edition. 1926.
Waksman, S. A., and Davison, W. C.: Enzymes. 1926.
Watson, J. K.: Handbook for Senior Nurses. 1926.
Wellcome Historical Medical Museum. Opening and Re-opening Ceremonies. 1913 and 1926.
Wellcome Historical Medical Museum. Lister Centenary Exhibition. 1927.
Wheeler Handbook of Medicine by W. R. Jack. Eighth edition. 1927.
White, C. S.: Aids to Sanitary Science and Law. 1926.
Williams, G.: Minor Surgery and Bandaging. Nineteenth edition. 1927.

MEDICAL CONFIDENCES.

THE MINISTRY OF HEALTH REGULATIONS OVERRULED.

THE medical profession is aware that the confidences of a patient to his medical adviser are not in law privileged from disclosure upon oath in the witness box, but a somewhat novel point arose at the Birmingham Assizes in the course of the hearing before Mr. Justice McCardie of a wife's petition for divorce. It would appear that the husband had attended a special department of the Birmingham General Hospital in 1924, and the medical head of that department, who was first called, stated that he was not the head of the department in that year, that a number of other doctors were engaged in the work, each with his own papers, which were the doctor's own personal property, and that he (the witness) had no authority to produce the papers of other doctors. The counsel for the petitioner maintained that the doctor had been called and sworn, and was bound to give evidence, and Mr. Justice McCardie, whilst recognizing the doctor's loyalty to his profession, said that communications of a patient to his medical adviser were not privileged from disclosure in a court of law, and if information which should be given were withheld, or if documents which should be produced were not forthcoming, he would enforce the law and send to prison a doctor who refused to obey the order of the court. The case was adjourned until July 18th for the production of further evidence, and then Mr. B. T. Rose, surgeon to the hospital, after a further protest, complied with the judge's direction. Another question than that of privilege arose in this case. The judge asked counsel for the petitioner if he had considered the question whether or not a doctor was bound to disclose to the court information obtained by him when acting confidentially in the special treatment of a particular disease. Counsel replied that there was no such protection in spite of the terms of the special regulations governing the treatment of certain diseases which were issued by the Local Government Board to local authorities in 1916. Mr. Justice McCardie then ruled as follows:

The medical profession normally was under the duty of keeping inviolate the secret knowledge that they might gain from treating their patients, and, indeed, might become liable to a civil action for damages if without lawful excuse the duty of confidence was broken; but in a court of law a doctor had no privilege similar to that held by a solicitor or other legal adviser, and he was not privileged from compulsory disclosures of communications, however confidential. A further point arose in the present case as to whether the doctors were in a specially privileged position owing to the fact that they were acting in a department under the control of the Ministry of Health through the local health committee. In his view there was nothing in the regulations, or in any regulation he had heard of, which saved a doctor from the obligation of disclosing, if ordered to do so by the court, all the information he might have of the facts he had gained while acting under regulations.

Mr. Justice McCardie's ruling is very clearly expressed, and he no doubt had in mind Paragraph (2) of Article II of the Venereal Diseases Regulations, issued by the Local Government Board in 1916, as follows:

"All information obtained with regard to any person treated under a scheme approved in pursuance of this Article shall be regarded as confidential."

So far as we are aware, this paragraph has not been varied by the Ministry of Health, and has been taken by the medical profession, and no doubt by patients, in what appeared to be its plain sense. And that this was the sense in which the Local Government Board intended it to be taken would appear from the following paragraph in a circular issued by it with the Regulations.

"By Article II (2) of the Regulations all information obtained in regard to any person treated under a scheme approved in pursuance of the Regulations must be regarded as confidential, and it is essential for the success of any measures designed to deal with venereal diseases that patients should be fully assured as to the secrecy of the arrangements."

Meanwhile Mr. Justice McCardie's ruling stands. In it we appear to have another instance of the uncertainty which surrounds the effect of a departmental regulation—especially when it happens to clash with an accepted rule of law. It would seem that the only way in which the Ministry of Health can implement its promise of secrecy to patients attending venereal disease centres will be by direct legislation stating in clear terms that communications by patients are protected from disclosure in a court of law.

National Insurance.

INCREASED CLAIMS FOR SICKNESS BENEFIT.

AT the Scottish Conference of Approved and Friendly Societies, held on June 25th in the Central Hall, Glasgow, Mr. E. Forrester, in his presidential address, referred to the serious effects produced on all societies by last year's coal dispute owing to reduced contributions and increased claims for benefit. After making due allowance for the effects of under-nourishment and worry brought about by unemployment, he thought there was still a large percentage due to a certain slackness in medical certification. Although no general charge could be made against the medical profession, he thought that a number of doctors were not exercising the care which they generally showed. A Joint Dental Benefit Committee had been set up by the Ministry of Health to consider the demands of the dental profession for increased payments, which societies were not willing to grant. The scale of fees, now known as the 1926 scale, was drawn up by the Joint Committee, and the Ministry of Health had done its best to impose this scale on societies by offering to allow any society which could not pay on this scale to contribute only 75 per cent. of the treatment. At a later stage in the proceedings the conference resolved that the adequacy of the scale of charges for dental treatment be reaffirmed. Among the other resolutions passed was one requesting the Board of Health to enforce more rigidly the rules for medical certification. Sir James Leishman, in the course of an address to the conference, remarked that in the first four months of 1926 the contribution income of many societies had decreased, while the actual claims in Scotland had gone up £81,000, as compared with those for the same period in 1925. He feared that the next valuation would not show the same highly satisfactory result. The Scottish income for the previous year had been nearly four million sterling, and the payments had been almost as much. The last valuation had shown that the funds invested by or on behalf of approved societies amounted to about 13½ million sterling, a result which proved conclusively the stability, solidity, and solvency of the Scottish societies.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

Surgeon Lieutenant Commanders to be Surgeon Commanders: J. F. M. Campbell and R. Lyon.
Surgeon Lieutenant Commander E. G. Adams to the *Pembroke* for R.N. Hospital, Chatham, on relief.

ROYAL NAVAL VOLUNTEER RESERVE.

Probationary Surgeon Sublieutenant D. R. Goodfellow to the *Champion* to complete training.
Surgeon Lieutenants F. M. B. Allen to the *Victory* for R.N. Hospital, Haslar, for fourteen days' training; W. Caithness to the *Tiverton* for fourteen days' training; J. E. Purves to the *Victory* for R.N. Hospital, Haslar, additional, for twenty-eight days' training; R. Hall to the *Victory* for R.N. Hospital, Haslar, for fourteen days' training.
Surgeon Lieutenant Commander W. F. W. Betenson transferred from List II to List I, Bristol Division.

ROYAL ARMY MEDICAL CORPS.

Captain F. R. S. Shaw, M.C., to be Major.
The following Captains to be Majors (prov.): J. H. Bayley, M.C., with precedence next below R. R. Thompson, M.C.; W. J. Robertson.
R. J. Monahan to be temporary Lieutenant.
Captain H. B. L'Estrange, O.B.E., half pay list, late R.A.M.C., on completion of a period of five years on the half pay list retires on retired pay on account of ill health.

ROYAL AIR FORCE MEDICAL SERVICE.

J. Hill is granted a short-service commission as a Flying Officer for three years on the active list, with effect from June 27th, 1927, and with seniority of June 27th, 1926.
D. Loughlin (late Captain R.A.M.C., S.R.) is granted a short-service

commission as a Flight Lieutenant for three years on the active list, with effect from and with seniority of June 27th, 1927.

Flight Lieutenant J. R. Crolius is promoted to the rank of Squadron Leader.

Flying Officer B. L. Edwards to Station Headquarters, Hinaidi.

INDIAN MEDICAL SERVICE.

Major M. A. Nicholson is granted leave for eight months, combined with study leave for a period of seven months and twenty-four days and leave on half average pay for two months and seven days.

Major R. F. D. MacGregor, M.C., is posted as Residency Surgeon, Bushire.

Major R. B. Seymour Sewell, Director, Zoological Survey of India, is granted leave for three months.

Lieut.-Colonel W. S. Willmore, M.D., to be Colonel, vice Colonel H. Ainsworth, M.B., F.R.C.S., K.H.S.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.

Major W. M. Mackay, O.B.E., T.D., having attained the age limit, is retired and retains his rank, with permission to wear the prescribed uniform.

Major William Barclay, M.C., F.R.C.S., late R.A.M.C., T.F., to be Captain, with precedence as from June 29th, 1923, and relinquishes the rank of Major.

Captain J. G. Willmore, having attained the age limit, relinquishes his commission and retains his rank.

Lieutenant Wilson H. G. Park, late Gordons, to be Lieutenant.

Supernumerary for Service with O.T.C.—Captain H. P. Malcolm, M.C. (late R.A.M.C., T.F.), to be Captain, with precedence as from August 2nd, 1920, and to command the Medical Unit, Belfast University Contingent, Senior Division, O.T.C.; Captain W. E. Le G. Clark, F.R.C.S., resigns his commission.

Hygiene Companies.—J. L. Turpie to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Major R. O. Ward, D.S.O., M.C., from Active List, to be Major.

Captain J. Steedman, from Active List, to be Captain.

COLONIAL MEDICAL SERVICES.

Drs. M. W. Fraser and S. Goodbrand promoted Assistant Directors of Medical Service, Nigeria. Dr. R. H. Nolan promoted Senior Medical Officer, Medical Department, Nigeria. Dr. F. V. Hill, Medical Officer, West African Medical Staff, promoted Medical Officer of Health, Gold Coast, vice J. M. Mackay, promoted. Dr. W. A. Young to be Pathologist, Institute for Medical Research, Federated Malay States. Dr. J. A. Waterman confirmed as Government Medical Officer, Trinidad.

VACANCIES.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.11.—House-Surgeon (male). Salary £120 per annum.

CHARING CROSS HOSPITAL, W.C.—Resident Medical Officer. Salary £400 per annum.

ESSEX COUNTY HOSPITAL, Colchester.—House-Surgeon (male). Salary £150 to £200 per annum.

FIJI GOVERNMENT.—District Medical Officer. Salary £500 per annum, rising to £725.

HERTFORD COUNTY HOSPITAL.—House-Surgeon (male). Salary £150 per annum.

HULL: ROYAL INFIRMARY.—Casualty House-Surgeon. Salary at the rate of £150 per annum.

ILFORD BOROUGH.—Chief Assistant Medical Officer of Health. Salary £700 per annum, rising to £800.

LIVERPOOL CROFTON CONVALESCENT HOSPITAL.—Part-time Non-resident House-Surgeon (female). Salary at the rate of £75 per annum

LORD MAYOR TRELOAR CRIPPLES HOSPITAL, Alton, Hants.—Assistant Resident Medical Officer (male).

MANCHESTER: ANCOATS HOSPITAL.—Resident Surgical Officer (male). Salary £200 per annum.

NORTHAMPTONSHIRE COUNTY COUNCIL.—Tuberculosis Officer. Salary at the rate of £750 per annum.

QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.15.—Honorary Dental Surgeon.

ST. MARY'S HOSPITAL, W.2.—Senior Radiographer (male). Salary £5 a week.

ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN, Plaistow, E.13.—Resident Medical Officer and Assistant Resident Medical Officer. Salaries at the rate of £175 and £130 per annum respectively.

SCOTTISH BOARD OF HEALTH.—District Medical Officer. Salary £1,000 per annum, rising to £1,200.

SHEFFIELD ROYAL HOSPITAL.—Resident Surgical Officer (male). Salary £200 per annum.

SHAPINSAY PARISH, Orkney.—Parochial Vaccinator. Salary £356 per annum.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.1.—House-Surgeon. Salary at the rate of £100 per annum.

SOMERSET COUNTY COUNCIL.—Assistant School Medical Officer. Salary £600 per annum.

SOUTHAMPTON GUARDIANS.—Second Assistant Resident Medical Officer of the Parish Infirmary. Salary £275 per annum.

STAFFORDSHIRE COUNTY COUNCIL.—Bacteriologist for one month as Locumtenent at County Laboratory. Salary at the rate of £10 10s. per week.

SWANSEA HOSPITAL.—House-Surgeon (male). Salary £150.

WORCESTER COUNTY AND CITY MENTAL HOSPITAL, Powick.—Junior Assistant Medical Officer (male, unmarried). Salary £300 per annum, rising to £350.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Roade (Northamptonshire), Okehampton (Devon), Ludlow (Salop), Tunbridge Wells (Kent). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

BLACKSTOCK, W. P., M.B., Ch.B.Glas., Certifying Factory Surgeon for the Cottingham District, co. Northampton.

CLAUSEN, R. J., M.B., B.S.Lond., Anaesthetist to Charing Cross Hospital.

HEMPSON, G. O., M.R.C.S., L.R.C.P., D.P.H., Medical Superintendent of the Royal National Hospital for Consumption, Ventnor.

MCLAREN, J., M.B., Ch.B.Glas., Certifying Factory Surgeon for the Canterbury District, co. Kent.

British Medical Association.

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, *British Medical Journal* (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9851, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 6, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.

Combined Meeting of the Section of Neurology and the American Neurological Association.—Monday, July 25th, 9 p.m., Reception by the President, followed by a Lecture by Sir James Purves-Stewart, President of the Section of Neurology, on Mount Athos, a Survival of the Middle Ages. Tuesday, July 26th, morning and afternoon, Short Papers. Wednesday, July 27th, 9.30 a.m, Discussion on the Cerebellum; 2.30 p.m., Clinical Meeting. Thurs., July 28th, 9.30 a.m., Discussion on Sensory Disorders in Organic Disease of the Nervous System; 2 p.m., Short Papers and Demonstrations; 5 p.m., Hughlings Jackson Lecture by Dr. Charles L. Dana.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—*Fellowship of Medicine Lecture Demonstration:* Royal Westminster Ophthalmic Hospital, Tues., 5 p.m., Glaucoma. Open to all members of the medical profession without fee. *West End Hospital for Nervous Diseases:* Lecture Demonstrations daily at 5 p.m. Last week of course.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.15.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics; Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, Throat, Nose, and Ear Clinics; Operations. Wed., 2.30 to 5 p.m., Medical Skin and Eye Clinics; Operations. Thurs., 11.30 a.m., Dental Clinics; 2.30 to 5 p.m., Medical, Surgical, and Ear, Nose, and Throat Clinics; Operations. Fri., 10.30 a.m., Throat, Nose, and Ear Clinics; 2.30 to 5 p.m., Surgical, Medical, and Children's Diseases Clinics; Operations.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 10 a.m., Genito-urinary Operations, Skin Department; 11 a.m., Surgical Ward Visit; 2 p.m., Surgical Ward Visit, Gynaecological Department. Tues., Medical Wards, Dental Department; 2 p.m., Throat, Nose, and Ear Department. Wed., 10 a.m., Medical Diseases of Children; 12.15 p.m., Medical Pathology; 2 p.m., Eye Department. Thurs., 10 a.m., Neurological Department; 11 a.m., Surgical Wards, Orthopaedic Department; 2 p.m., Genito-urinary Department, Eye Department; 3 p.m., Gynaecological Ward Visit. Fri., 10 a.m., Gynaecological Operations, Dental Department, Skin Department; 11 a.m., Lecture on Modern Methods in Medicine; 2 p.m., Throat, Nose, and Ear Department. Sat., 9.30 a.m, Bacterial Therapy; 10 a.m., Medical Wards, Medical Diseases of Children. Daily at 2 p.m., Operations, Medical and Surgical Outpatients.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CHANDLER.—On July 13th, 1927, at 1, Park Square West, Portland Place, N.W.1, to Marjorie, wife of F. G. Chandler, M.D., F.R.C.P., a daughter.

MEARNS.—At Balbithan, Cranmer Road, Didsbury, Manchester, on July 10th, the wife of Colin Mearns, M.B., B.S.Dunelm., of a daughter.

DEATH.

NIXON.—On July 15th, 1927, after an operation, Horace Clulow Nixon, M.D., of Queen's Parade, Bath. Funeral on Monday, July 18th. Service at "Abbey" at 2 p.m.

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